ABSTRACT
OF
Clinical Lectures
ON
SURGERY.

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LECTURE V.

ON A CASE OF FRACTURE OF THE NECK OF THE FEMUR, WITH DEATH BY STRICTURE AND HÆMATURIA.

GENTLEMEN,—The operating theatre affords us nothing to-day wherewith to educate the eye; I therefore take the opportunity of discussing with you a case which has, I regret to say, disappeared from view by the death of the patient, and which most of you will remember as being possessed of a twofold measure of interest. It is that of John S——, aged fifty-one, admitted on Nov. 17th with an intracapsular fracture of the neck of the thigh-bone; and who, when all appeared to be going on well as regards the leg, died rapidly and somewhat unexpectedly from hæmaturia, consequent upon stricture of the urethra.

The history of the case is shortly this:—The patient, while occupied in moving some chests of tea in an iron-floored warehouse, slipped backwards, and fell upon his left buttock and hip. He found that he was immediately unable to stand, and he had also much pain in the hip. He was carried to the hospital soon afterwards, and when admitted chloroform was administered and a careful examination made of the injured parts. He was found to have an intracapsular fracture of the neck of the left femur, the symptoms on which the diagnosis rested being (1) a slight amount only of shortening; (2) eversion of the foot; (3) extreme pain.

A long side splint, reaching from the foot to the axilla, was applied to the limb and trunk, and some weights attached to the foot by a cord to make a slight but continuous amount of extension. With the exception of a rather severe attack of asthma, he was quite comfortable under this treatment till Nov. 21st, when a very urinous smell was noticed about him; and the next day the urine passed was thick and ropy, very offensive, and with a large sediment of mucus and pus in it.

Nov. 23rd.—At about 3 A.M. this morning he had a desire to micturate, and passed some urine, which was at first quite clear, but at the latter part of the act was high-coloured and bloody. He was quite positive as to the fact that the urine passed first was clear, while the bloody urine came with the other, but later than it. Nothing more passed between 3 A.M. and 8 A.M., when again bloody fluid passed, and has now been passing at frequent intervals for two or three hours, with much pain and straining. The appearance of the fluid is almost that of pure blood, and it clots readily round any foreign body in the vessel. The bowels acted this morning after a dose of castor oil without pain. Apart from the urinary trouble, he does not seem ill. The dresser attempted to pass a catheter, but could not succeed in introducing even a small one.

24th.—He has had very much pain at times since yesterday, lasting often for an hour or more when a clot is coming; as these pass the pain is increased. Has passed a large quantity of claret-coloured urine, but none clear since last night.

When pressed to-day as to his previous history, he gave the following details:—For the last year or two his urine has now and then scalded him much; it has also at times been gravelly, and often cloudy. The stream has been of fair size, and micturition easy and quite unaccompanied by any straining. Latterly the stream has been forked. He has not wished to pass it oftener than usual. He complains now of pain over the region of the bladder, and also specially in the urethra, extending from the anus two inches forwards. No dulness over the bladder indicative of any retention. Ice applied to the hypogastric region relieves the pain. The urine is still very offensive. No more clots have come away; but a slimy jelly-like matter settles at the bottom of the vessel. He was ordered ten minims of tincture of opium and three ounces of infusion of matico every four hours, and the bladder to be washed out if possible. The latter part of the prescription was, however, found to be impracticable. From this time he continued to bleed up to the time of his death, though towards the end the water became more like a mixture of blood and urine. He died Nov. 27th, eleven days after admission, and five after the commencement of the hæmorrhage.

At the post-mortem, the kidneys weighed fifteen ounces. Their capsules were thin, though perhaps rather too adherent. The pelvis of each was ecchymosed, indicating some amount of pyelitis; and the calices were dilated, with flattening of the pyramids, as if some obstruction had existed. The bladder and penis were taken out together. The former contained a pint and a half of purulent urine of a very offensive nature; its cavity was large, and the muscular wall hypertrophied; the mucous coat, though apparently entire, was in a most intense state of inflammation, and was coated everywhere with thick adhesive mucus, and in many places by a layer of calcareous phosphatic matter. It was also deeply congested, and over one large patch at its posterior wall was of a dark-blue colour. I dare say many of you will call this to mind from having seen it in the post-mortem room. On slitting up the urethra, the lining membrane was arborescent in its vascularity, and coated with earthy matter as far forwards as half-way along the cavernous portion. Here there existed a tight stricture, which would not admit of the passage of a probe. Behind this the channel was much and uniformly dilated till just where the cavernous bodies terminated posteriorly. At this point the lower wall of the urethra was dilated, forming a pouch which extended backwards, along the floor of the canal, towards the bladder, for nearly an inch. This sac contained several secondary pouchings or lacunæ, but by none of these could the probe be made to pass out of the urethra, and the lining membrane appeared to be at all places entire. Immediately beneath this pouch the tissues were all in a gangrenous condition and broken down into a claret-coloured pulp. The scrotum around was extensively gangrenous. No aperture or orifice of any vessel could be found to account for the extensive hæmaturia which the patient had undergone during life. On dissecting the parts around the left hip-joint, the muscles were found somewhat bruised, more especially the psoas, iliacus, and vastus internus. Neither the muscles nor the capsule of the joint were lacerated. The great trochanter, and with it the shaft of the bone, was displaced slightly (within one inch) upwards and backwards. A rough abnormal prominence was seen and felt just in front of the small trochanter, well covered by fibrous structures forming part of the attachment of the capsule, in which blood was extravasated. The extravasation was continuous from this point down into the vastus muscle. On cutting the capsule all around close to the acetabulum—the muscles having been all singly and carefully divided—and detaching the round ligament, a slit of about an inch could be seen in the fibrous covering of the neck of the femur at the upper part. Through this a fracture of the neck was visible, the two surfaces being rough, though not very so, and some delicate bands passing across the fissure from one surface to the other. On passing the finger within the capsule, around the neck, the whole line of fracture could be felt, except about an inch at the underpart, where it appeared to have extended under the attachment of the capsule. From four-eighths to five-eighths of an inch was all the displacement that could be effected, even at this stage.

And now for a few words about the injury, and a few on the disease.

In calling attention to the fracture, I ask you first to notice the way in which it was produced in this instance. It was by a direct fall upon the buttock. This is very unusual in the class of cases to which I am referring: they are generally caused by a much less severe hurt. By a direct fall upon the hip one would expect rather to get an impacted fracture, the bone being broken, and one fragment driven into the other; or if not that, then that the parts would be much crushed and comminuted. But an intracapsular fracture, on the contrary, is generally pro-

duced by some indirect violence, such as a trip or tumble; the fracture being caused by the attempt to recover from or avert a fall. In this way an aged person by merely catching the foot in the carpet will sometimes fall helpless to the ground. Another unusual feature in the case is the age at which the injury was produced. Fracture of the neck of the femur almost always occurs in old people; the age of this man was only fifty-one. Now we can hardly call fifty-one old; indeed, as far as I recollect, this is almost the youngest man in whom I have seen such an injury. Next, we come to the all-important question—supposing you to have been called to such a case as this, what are the points which would lead you to recognise it? What were they which enabled my dresser to do so? It does not require much thought to enable you to suggest at once the chief symptoms. And, first of all, you would say that, in common with all other fractures of the lower extremity, an intracapsular fracture, except in very exceptional instances, causes an inability to stand. Secondly, pain may be mentioned, which is generally very severe when the limb is moved. This symptom, however, may be present in a bruise or a dislocation, though these are not generally accompanied by any such severe amount as is found in hip-joint fracture. Thirdly, we have eversion of the foot—the toes turn outwards. This arises probably from the natural inclination of the leg when at rest to roll outwards. The patient with fracture has no power to move his muscles; the leg is quite useless, and he cannot control it; and the foot naturally turns out, from the falling backwards of the femur or the rotation of its head in the segment of a circle. I used to be taught that this eversion was due to contractions of the glutei, or to the action of some other muscle, according as my teachers held this or that view of its cause. But, gentlemen, I do not agree with either. It is probably much more correct to say that the muscles, having lost their fixed points of action, refuse to steady the limb as is their wont in the normal state of the part, and the foot naturally rotates outwards. The same thing occurs, though to a much less extent, in health whenever we lie down in bed, when the foot at once turns outwards. In very rare cases a rotation inwards of the leg has been noticed, and possibly this may be the result of muscular action at the time of the accident, or of a peculiarity in the line of fracture. Shortening of the limb is another symptom of intracapsular fracture; and, as with the other points that have been mentioned, this also is common to all fractures. If with a history of injury in a previously well-formed frame we find shortening of the leg, then we are quite sure that some solution of continuity of bone must exist. Coupled with the features that have just been mentioned, shortening of the limb means fracture with displacement of the fragments; while by the extent of the deformity we judge in great measure as to where the fracture exists. The amount of shortening in intracapsular fractures may vary from next to none at all up to three-fourths of an inch, or at the outside an inch. If you think of the parts, you will see that by no possible means can it be more than this, as the capsule will not allow the pieces to separate further; and in most cases, unless the measurements be taken very carefully, it is hardly noticeable. In fractures occurring close to the neck, but yet outside the capsule, there may be two or three inches difference in the length of the broken limb as compared with the leg of the opposite side. Remember, then, that in an intracapsular fracture, while shortening is generally present, it is the slight amount of it which must arrest your attention and put you on the right track. I shall only ask you to bear in mind one other diagnostic mark; but that one is very useful at times, though not usually noticed, unless the patient is fully under chloroform. I refer to the diminution in the arc of the circle which a femur fractured through its neck makes when inwards or outwards, compared with the segment of the larger circle it describes when the shaft is continuous with the head of the bone. In health, of course, when performing the action of rotation, the upper part of the bone describes a circle of which the acetabulum is the centre and the outer part of the trochanter major the circumference; but let the bone be broken through its neck, and the circle described will then have the fractured point for its centre, and, as before, the outer part of the trochanter for the circumference. The radius of the circle will then manifestly be diminished to the extent of the head of the bone which has become detached from the shaft. The excessive pain, however, which these patients suffer renders them unwilling to be pulled about, except when rendered insensible; and therefore you will not often be able to avail yourselves of this last symptom. Still, as I say, it may be of use sometimes, and, with the others that have been pointed out, you will, I apprehend, have no difficulty hereafter in recognising this lesion. "But," I hear some one say, "nothing has been said about crepitus,—is not that a point worth looking out for?" No, there is no necessity to get crepitus; the other symptoms are quite sufficient in the great majority of cases, while, if you do try to obtain information from this source, in very many cases you will not succeed. In exceptional cases, perhaps, it may sometimes afford a valuable corroborative proof, and in such you will be most likely to obtain it by pulling the femur well downwards before attempting to rub it against the head of the bone. But do not *expect* to obtain any grating, and, above all, do not go away doubtful as to your diagnosis from the mere fact of not having felt it.

Then you will be expected to give some prognosis in these cases; and what is it to be, favourable or the reverse? In a man of the age of our patient it would most certainly be favourable; and I may tell you that, unless it be in very old people, over eighty, or in others who have damaged their viscera in early life, it should, as a general rule, be a hopeful anticipation rather than otherwise, as these cases generally do well.

And now we must pass on to the more important disease, which in this instance unfortunately caused the death of the patient. The man had been lying in bed quietly, with no sign of any approaching danger, when, six days after his admission, he suddenly passes a large quantity of bloody urine, and when I saw him the next day I was astonished at the quantity of blood the man had passed—two large vessels full of nearly pure blood. Where did it all come from? This was the question I had to decide upon; and it is the one which, I should think, would and did actually occur to many of you when you saw the case with me in the ward. That it had nothing to do with the injury was pretty clear from the late date at which it occurred after the fall. Any traumatic origin would most probably have manifested itself, or its effects, without allowing six days to elapse. Putting aside the hurt he had received, we, then, knew that the blood must come from one of three sources—kidney, bladder, or urethra. First, did it come from the kidney? Renal hæmaturia is principally decided upon by the state of mixture between the blood and urine. If the two are intimately combined, then probably it will be kidney; if not, then more likely the bleeding source will be found nearer the external parts. Another very important means of deciding is to carefully examine the blood for clots, for very possibly the shape of these, should there be any, may determine the site of hæmorrhage. As it happened, neither of these observations helped us in this case, because no clots of any definite shape were passed, and the blood was very intimately mixed with the urine; although, from a point in the history which the man gave us, it could hardly have come from the kidney. He told us that, when the attack first commenced, clear urine came away before any blood. It was only at the end of the act that hæmaturia began. This one fact put the kidney entirely out of court. Having excluded that organ, we still had to decide between bladder and urethra. In the case of the former, however, as a matter of experience, we know that the two great causes of hæmorrhage are malignant disease and stone. Both these cause very urgent symptoms, which were conspicuous by their absence; the man had had no trouble with his waterworks. The next point to be determined was whether an instrument could be passed into the bladder, and we found that it could not by reason of a very tight obstruction not far down the passage. I was therefore inclined to the opinion that the blood which was passing away came from the urethra; but so unusual I knew this to be that I left the bedside obliged to exclude the bladder and kidney as sources of hæmorrhage, and yet very unwilling to accept the fact that the urethra must be the *fons et origo mali*.

Well, the bleeding went on in spite of our efforts to check it, and the man died. At the post-mortem, as you have heard in detail, there was intense cystitis, a tight stricture existed half-way along the cavernous portion of the penis,

and the urethra was dilated considerably behind this. Behind the corpora cavernosa the lower wall of the urethra was dilated into a sac, beneath which the subjacent tissues were becoming gangrenous, in common with part of the scrotum. No aperture of any vessel could be found to account for the hæmorrhage. Thus you will see that even after death some difficulty arose in accounting for the bleeding. It was suggested in the post-mortem room that all might have come from the bladder, one portion of the mucous membrane of which was of a dark-bluish colour; and to support this theory the stomach was adduced as a similar example of a mucous membrane pouring out a large quantity of blood. The stomach, however, does not afford an analogous case, because it only exudes these large quantities of blood when its circulation is obstructed from other diseases. I felt unable to admit that any active inflammatory condition such as existed in the bladder could possibly have got rid of so much blood from its surface. Moreover, I thought the hæmorrhage was quite fairly explained in another way.

In all cases of stricture of any duration, if the passage be much narrowed, the urethra becomes dilated behind the obstruction. This case formed no exception to the rule, and you find it noted that a pouch existed in the inferior wall or floor. When such pouches have been in existence some time, ulceration frequently occurs in their lining membrane, and a small extravasation takes place. I believe such a sequence of circumstances occurred in this patient. He complained, you will remember, of soreness at one particular spot in the urethra; and here, I believe, some ulceration took place which probably weakened, if it did not open, some large vein near the prostate, of which there are so many, and that the bleeding then commenced. In this way can one explain the fact that the urine passed at the commencement of micturition was clear, whilst when blood once began to flow it never afterwards ceased. The gush of urine probably partially emptied the bladder, and then came some squeezing and straining to produce a thorough evacuation; the vessel was torn, and the hæmorrhage began. Mark you, it is an important point in the history that this pretty clear and partly bloody urine only occurred once. It did not recur every time, more or less, as is usual with bladder cases. This explanation of the fact is further corroborated by the extravasation which occurred shortly before death. It appeared to have taken place exactly at the spot he had complained of during life; and though no opening from the urethra could be discovered, one must have existed somewhere to enable the urine to escape. A tight stricture existed in the urethra, so that even a probe could not be passed. This is an interesting fact, and one worth remembering. Dr. Moxon remarked in the post-mortem examination that it was not the first time he had seen a very narrow stricture in a man who had never complained of anything of the kind during life. I have myself met with such instances several times. This man, when pressed closely, only admitted that the stream had been forked. He had had no other symptoms of stricture, not even frequent micturition. I may here diverge slightly to remark that frequency of micturition, though a common symptom of stricture, may exist with a quite healthy bladder; indeed, the frequency or not with which each person relieves his bladder is quite a matter of education. If it be evacuated frequently, the habit will increase upon the person, and by simply taking every opportunity of micturating a man may ultimately get such an irritable bladder that it positively will not hold its contents longer than a very short time. I have known men who have told me, when they came for advice as to this very complaint, that they used always to empty the viscus whenever they could, so that in case they were placed in situations in which the opportunity was wanting, such as ladies' society or urgent business, they might start with the bladder empty. No man ought to pass his urine more than four or five times in the twenty-four hours, and be sure that the oftener the act is performed the more frequently will the desire to urinate return.

Lastly, a few words as to the treatment adopted in this case, both for the fracture and the hæmaturia. When admitted the patient was placed under chloroform that the injury might be thoroughly examined. This was a very wise precaution on the part of the house-surgeon, and quite the proper thing in a hospital if any doubt exists as to the nature of an accident; but I ought to tell you, though all very well here, it won't do in private practice for you, directly you are called to a supposed case of fracture, to suggest the administration of chloroform; you will find people are not quite so fond of it; they think a good deal of the risk run, and therefore you cannot use it.

Having made your diagnosis, what is the next thing to do in a case of fractured femoral neck? I advise you to put the patient on a hard bed, or what we call a fracture bed—that is to say, on a mattress that will not give much with the patient's recumbent weight, and then at once to apply a straight side splint. I say *at once* because I can see no reason for postponing the application of a splint for eight or ten days till inflammation and swelling have subsided. On the contrary, and this applies to all fractures, the sooner the limb is put up after the injury the less swelling and inflammation will there be. It is in the very cases that are left longest, with the rough fragments of the bone constantly rubbing and tearing the muscles so well supplied with blood, that so much swelling occurs. This man had, in addition to a long splint on the right side of the thigh, a weight attached to his foot. This is a good plan for making extension, and now much used at all hospitals; the cord attached to the foot should run over a pulley at the end of the bed, to obviate as much as possible any friction that may occur, and the bed should be tilted at the foot so that the head may lie lowest. In this way the body acts as a counter extending force, and the full advantage of the weight is gained, which is often not the case when the patient, lying level, slips down as the weight pulls.

What did we then do for the hæmaturia? I am sorry that it was not in our power to do much. He was ordered ice to the region of the bladder constantly, and we gave him internally styptics. He took three ounces of infusion of matico with ten minims of tincture of opium every four hours. I believe that in this class of cases the various styptics are very valuable remedies, and matico is one of the best. At one time during my absence, being very much depressed, he was ordered some brandy, and I must say that I could not altogether approve of it. Cases of hæmorrhage require very careful management with regard to stimulants. On the one hand you have to guard against fatal collapse, and on the other against any excess of circulatory activity when reaction is established. I was not sure in this case whether the brandy might not possibly increase the hæmorrhage, and therefore I did not continue it. Be careful in these cases. In all abdominal injuries with rupture, however slight, of any of the viscera, there is always much collapse. The public are very fond of pouring in the alcohol, and it certainly rallies the patient; but with the reaction comes also a quickened and excited blood-current, forcing out any clot which may have become lodged during the time of the feeble or nearly stagnant flow, and ensuring a fatal termination, whereas perhaps if the case had been left quietly alone the rent might have become consolidated, and a valuable life saved. Do not yield to the public in their ever-ready advice in the way of stimulants, but let any case where you fear ruptured viscera lie quiet and collapsed if need be. Do you nothing more than to guard against the tendency to death, avoiding stimulants except as a last resource.

CASES OF

SMALL-POX TREATED BY THE HYPODERMIC INJECTION OF VACCINE LYMPH.

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IN THE LANCET of the 25th ult. Mr. Furley, of Edinburgh, brings under the notice of the profession the alleged curative action of vaccine lymph in small-pox. My attention had been previously directed to letters sent by him to a daily newspaper in Edinburgh, in which ordinary vaccination was lauded as a specific and certain remedy for variola. Hoping fervently that Mr. Furley was in the right, and that it would be proved that my ideas about the want of any influence of cow-pox over small-pox when concurrent,

unless induced before the sixth day of the period of incubation of the latter, although derived from the observation of a considerable number of cases, would turn out to be erroneous, this plan of treatment was tried on six of our patients. Three of the six died, and in the others the disease followed its usual course, uninfluenced to any noticeable extent by the vaccination. These were not very successful results, but, as with one exception the subjects upon whom the treatment was tried were adults, they agree with Mr. Furley's, for he now says that "it (vaccination) is almost inoperative in adults." Believing, apparently, that the vaccine poison is a true antidote to the variolous, and the quantity required to be introduced into the system to neutralise the disease is larger than that used in the ordinary operation of vaccination, he now recommends the hypodermic injection of the lymph. Upon this theory nothing need be said, although it seems to me that it is by their great similarity, if not virtual identity, that the vaccine acts upon the variolous disease, and that if Mr. Furley is right in his deductions, in this instance at least the dogma of homœopaths is correct, *similia similibus curantur*. But putting theory on one side in order to give the practice a full and fair test, seven patients were operated upon after Mr. Furley's method. In this communication I propose giving the details of the cases so treated as entered in the hospital case books by Mr. Bland, assistant medical officer, appending only such remarks as may be necessary to convey the impressions received while watching the daily progress of the patients.

One point which Mr. Furley's paper brings out forcibly, and it is of very general application and interest, is this: that the deductions either from statistics of mortality or from the results of any particular line of treatment in small-pox are sure to be fallacious unless the age and particular state as to primary vaccination of every patient under notice be considered. In Mr. Furley's instance, he had had by his own statement five deaths in sixty cases. It entirely depends on the conditions mentioned above whether this is to be considered a low rate of mortality or not. If all his patients were unvaccinated it is assuredly a very low one; but if they were all between the fifth and twentieth years of age, and had four or more good marks of primary vaccination, then it is a high rate, especially for private practice. These suppositions are both extreme, but in the absence of the particulars required for making a correct estimate, any opinion formed as to the success or non-success of Mr. Furley's treatment is pure conjecture. Another difficulty in forming a correct judgment as to effects of remedies in small-pox in the *vaccinated* subject is the impossibility of telling at the earlier periods of the attack, say up to the sixth day, what will be the exact course of the disease even if left to itself. I have often seen patients who on the fourth and fifth days of the disease had a temperature of over 104°, whose faces were swollen, and of a general bright-crimson hue, and who were delirious at night, and on the eighth or ninth day they felt well, their temperature was normal, and a few hard scales was all that remained of the eruption that promised to be so severe; and this without treatment of any kind. In the *unvaccinated* class it is different: the disease may not always take the confluent form, nay, sometimes it is quite discrete, but it is very rarely indeed that the rash aborts; however sparse it may be it reaches the pustular stage, and the pustules are full-sized and umbilicated. In my experience, in all vaccinated cases the disease is modified, even when it proves fatal, and the proportion of instances is very large indeed in which it runs a highly modified and more or less abortive course. In the Hampstead Hospital the mortality in this epidemic in the vaccinated of all classes has been 11·40 per cent.; it is found that in about 12 per cent. the disease is severe, either confluent or semi-confluent, leaving over 75 per cent. for very mild and aborting cases. One can therefore imagine it possible for a practitioner to have in succession fifty or sixty mild cases, especially in a community said to be so well protected by vaccination as that of Edinburgh is.

The method followed in injecting the lymph was strictly as described by Mr. Furley, through a grooved needle widened at one extremity (made for me by Messrs. Arnold and Son). The contents of two tubes of vaccine lymph were blown into the subcutaneous tissue on the outer side of the arm, near the usual place of vaccination. The lymph used was taken from a primary vaccination in a healthy child on the eighth day of the pock, and was only five days old.

CASE 1.—J. S——, male, aged twenty-five, clockmaker, admitted June 2nd. Two vaccination marks. Five days ill. Rash vesicular, small, and very copious; semi-confluent on face; the areola well defined.

June 3rd.—Temperature 102·8°; pulse 120. Eyes suffused; coughs a little; bowels open; takes food fairly; had a quiet night; tongue furred, red at tip. Large crepitation distinct over both lungs posteriorly. Expectoration frothy and very profuse. Respiration 24. Vaccine lymph injected (in presence of representative of THE LANCET).—9 P.M.: Temperature 101·4°; pulse 104; rash the same as this morning, but fuller.

4th.—Eruption on face vesicular, small in size, very copious, and semi-confluent; on trunk and limbs also vesicular, small in size, but less copious and discrete. Lips swollen; eyes watery; tongue slightly furred and moist; cough less, and expectoration slight. Muttering delirium all night; no sleep. Bowels confined. Swelling and tenderness at seat of injection. Pulse 104; temperature 101·6°; respiration 30.—9 P.M.: Temperature 100·4°.

5th.—Eruption maturated, and in some places exudation taking place from pustules on face; on trunk and limbs still vesicular. Swelling of upper lip increased; some general swelling of face; lachrymation; great tenderness of skin; tongue dry and glazed. Wandering delirium during the night; very little sleep. Eyes suffused, and conjunctivæ injected. Redness and tenderness at seat of inoculation. Respiration loud and cooing, 30. Expectoration less. Pulse 112; temperature 101·8°.—9 P.M.: Temperature 100·6°.

6th.—Eruption beginning to dry on face, pustular on limbs and trunk; swelling of face slightly less. Slept well; no delirium. Tongue dry; eyes suffused, and conjunctivæ much injected; bowels open. Takes food well. Still slight swelling, tenderness, and redness at seat of inoculation. Temperature 103·2°; pulse 130; respiration 24.—9 P.M.: Temperature 103·4°.

7th.—Eruption on face crusting round the mouth and nose, fully pustular on other parts; face still swollen. Has had a very restless night; no delirium. Lies in a semi-stupor, with his head thrown back. Tongue very red and dry. Respiration 30, and rather laboured; pulse 130, feeble; some tremulousness of hands; temperature 104·6°. The whole arm at seat of injection is swollen, hard, red, and painful.—9 P.M.: Temperature 104°.

8th.—Eruption on face drying; on the hands the rash is becoming horny, with a few pustules here and there. The whole of the right arm is swollen, tender, inflamed, and becoming brawny to the touch. Tongue dry and brown. Had a rather severe rigor last night, lasting a quarter of an hour; quiet night; slept well. Bowels confined. Pulse 120; temperature 103°; respiration 32. No cough or expectoration.—9 P.M: Temperature 103·2°.

9th.—Face covered with irregular crusts; on limbs and trunk nearly dry. Slept well; no delirium. Tongue dry and glazed; bowels open; very tremulous; no swelling of face; fluctuation becoming distinct over the whole of the anterior surface of right arm, more particularly at the seat of operation; forearm œdematous. Pulse 112; temperature 101°; respiration 32, laboured. The arm was incised, when about two ounces of thin pus escaped. A probe passed into the wound went in a direction downwards and outwards for about four inches. To have sulphate of quinine mixture, half an ounce, every three hours.—9 P.M.: Temperature 103°.

10th.—Eruption quite dry on face, and crusted on trunk and limbs; drying fast. The wound has discharged very freely since yesterday, quite half a pint of thin pus escaping; swelling and inflammation somewhat less. Was very delirious all last night; purged three times. Tongue dry and tremulous, and he is unable to protrude it; countenance pinched and drawn. Takes milk and beef-tea well. There is general muscular tremor. Pulse 120; temperature 101°; respiration 32, stertorous.—9 P.M.: Temperature 102°.

11th.—Arm discharging very copiously pus thin and unhealthy, otherwise the arm the same as yesterday. The patient lies on his back without moving, with mouth open, and breathing loud and deep. He is losing flesh rapidly; diarrhœa set in last night, but is now stopped; had a draught of catechu and opium. Tongue dry, brown, and tremulous. Was rambling and talking all night; no sleep.

Bowels acted once to-day. Takes food well; prostration very great; sweats a great deal. Pulse 112, very compressible; respiration 34; temperature 102·6°. Both lungs posteriorly have a want of resonance; respiratory murmur very feeble; anteriorly resonance good, but murmur feeble, although less so than posteriorly.—9 P.M.: Temperature 104·6°.

12th.—Pulse 140, tremulous; respiration 40; temperature 104°. Incision has sloughed to the size of a half-crown; the cellular tissue quite dissected out from between the muscles. Diarrhœa began again last night, and still continues (about six times in twelve hours); motions very loose, and passed under him. Delirious rambling and talking all night. Tongue very dry, brown, and tremulous; has a general tremor; weakness very much increased; sweats very much; skin quite moist and clammy. Takes food very freely. Died at 5.40 P.M., after convulsions.

Permission for a post-mortem examination was refused. This was a severe case of small-pox, complicated in the first place with bronchitis, and afterwards by consequences which were clearly traceable to the injection of the lymph. It was found, on inquiry into his previous history from his friends, that he had not enjoyed good health for some time, and had suffered from some chest affection.

CASE 2.—E. L——, female, aged twenty-two, domestic servant, admitted on the 3rd of June, on the fourth day of her illness, with a papular rash, small in size, moderately copious in quantity, and discrete on the face; on trunk and limbs the eruption is sparse; temperature 99·8°. In the afternoon the lymph was injected in the usual manner (also in the presence of the representative of THE LANCET). 9 P.M.: Has had a comfortable day; tongue furred; eyes suffused; takes food freely; pulse 88; temperature 101·4°.

June 4th.—Eruption small and becoming vesicular; no swelling; had a quiet night, but without sleeping; slight soreness of throat; temperature 99·4°; pulse 88.—9 P.M.: temperature 103°.

5th.—Eruption maturating irregularly on face, where there are a few pustules, with a large number of vesicles and papules hard to the touch; on the trunk and limbs eruption small and aborting. Slept well; no swelling or uneasiness, except at the seat of the injection, where there is slight enlargement and tenderness; pulse 104; temperature 100°.—9 P.M.: Temperature 101·2°.

6th.—Pustules drying in places; pulse 96; temperature 99·8°.—9 P.M.: Temperature 100°.

7th.—Eruption generally drying and hardening; sleeps well; tongue clean and moist; the pain and swelling at the place of injection has quite gone; pulse 90; temperature 99·4°.—9 P.M.: Temperature 99°.

8th.—Pulse 84; temperature 98·6°.—9 P.M.: Temperature 98·5°.

9th.—Eruption quite dry; small crusts left, which are beginning to fall off; pulse 96; temperature 98·5°.—9 P.M.: Temperature 98·5°.

10th.—Face almost clear; feels quite well; pulse 72; temperature 98·6°.—9 P.M.: Temperature 98·6°.

11th (twelfth day of illness).—Pulse 96; temperature 100·4°.—9 P.M.: Temperature 100°.

12th.—Temperature 98·5°.—9 P.M.: Temperature 98·5°.

This case was a mild one from first to last, as shown by her condition when admitted. The impression of those watching her was, that the patient did not progress so rapidly as might have been expected from the general symptoms. The disease did not completely abort, or we should not have had the rise in temperature on the twelfth day, for which no accidental cause could be discovered.*

CASE 3.—M. A. P——, female, aged twenty-three, domestic servant, was admitted on the 5th of June. Had three good vaccination marks. She states that after premonitory symptoms, which she describes as severe, a rash appeared yesterday. On admission the face was thickly covered with a rash of a dusky-red colour, and slightly elevated above the surface. An eruption of the same character, but more sparse, exists on the trunk and limbs. Eyes suffused; lips swollen, and the cuticle separating.—9 P.M.: Temperature 104·2°.

6th.—The eruption much the same as yesterday; lips and eyelids much swollen. Did not sleep in the night; was not delirious. Early this morning hæmorrhage from the vagina set in; has slightly the characteristic hæmorrhagic fetor; bowels open; tongue much coated. Pulse 140; respiration 28; temperature 104·2°. Vaccine lymph injected.—9 P.M.: Pulse 140; temperature 104°; vaginal hæmorrhage much more severe. To have ten minims of solution of morphia with fifteen minims of dilute sulphuric acid in water, every three hours; ice and iced drinks *ad libitum*.

7th.—Eruption on face becoming irregularly vesicular, and seems confluent; on trunk and limbs also partially vesicular, but discrete. Swelling of face more marked; eyes suffused; lips black; fetor stronger. Vaginal hæmorrhage increased. Did not sleep and was delirious in the night; is now rational. Tongue covered with a thick brown fur. Pulse 120, small; temperature 102·8°. A patch of ecchymosis, about the size of a florin, exists at the place where the lymph was injected. She coughs slightly, and expectorates mucus streaked with blood.—9 P.M.: Temperature 103·4°.

8th.—Eruption on the face of a dingy-white colour, interspersed with livid patches; on the trunk and limbs many of the vesicles are filled with a black fluid. Lips and lower part of face much swollen. Did not sleep last night, but was not delirious. Vaginal hæmorrhage still severe. Tongue covered with a thick brown fur, and dry in the middle. Cough becoming troublesome, and expectoration of the same character as yesterday. She now complains of pain and a feeling of oppression across the upper part of the chest. There is dulness on percussion posteriorly on both sides, more marked on the right; loud râles are audible in the same parts. Pulse 140, very feeble; temperature 103°; respiration 28, laboured.—9 P.M.: Temperature 103·6°. Died at 11 P.M.; was conscious to the last.

Could not obtain leave to make a post-mortem examination. This was a case of malignant small-pox, in which the hæmorrhagic symptoms, although rather late of being developed, ran a short and severe course, uncontrolled by the injection of the lymph. Death occurred on the eighth day of the disease, evidently hastened by the most common complication of variola nigra—if it can be called a complication—congestion of the lungs. It was ascertained that this patient had led a rather irregular life.

(To be concluded.)

* Since the above was written, this patient has suffered from inflammatory symptoms over the dorsum of the left foot and the patella of the same side, threatening suppuration in the latter situation.

CLINICAL REMARKS
ON A
CASE OF ANEURISM OF THE ASCENDING PORTION OF THE ARCH OF THE AORTA,
PRESENTING ANOMALOUS SYMPTOMS.

BY J. BURNEY YEO, M.B., M.R.C.P.,
ASSISTANT-PHYSICIAN TO KING'S COLLEGE HOSPITAL, AND TO THE BROMPTON HOSPITAL FOR DISEASES OF THE CHEST.

I AM indebted to the kindness of Dr. Lionel Beale, who was good enough to place one of his beds at my disposal, for the opportunity of following the clinical history of this instructive case to its fatal issue. Its chief interest arises from the difficulty that was experienced, during the life of the patient, in determining the precise morbid condition which gave rise to the distressing symptoms from which he suffered, and which, in no long time, brought his existence to a most painful termination. It was one of those cases in which a large aneurism existed close to the walls of the chest, without giving rise to any of those local signs which are regarded as characteristic of aneurismal tumours.

Before this man came under my care in King's College Hospital he had been a patient at two other metropolitan hospitals; and he presented himself with a written diagnosis of his case as one of "mediastinal tumour." This was the conclusion that had been arrived at by the physicians who had already examined him, and we arrived at a similar one. My colleagues, Dr. Beale, Dr. Duffin, and Dr. Baxter, examined the case carefully with me, and we were quite agreed as to the inferences to be drawn from

the symptoms we observed. To what extent the previous diagnosis may, unconsciously, have influenced our own it is not possible to discover; but that such unconscious influences do occasionally guide the current of our thoughts, and determine the nature of our conclusions, is not to be doubted.

But before I make any further remarks on this case, I will briefly relate its history and the symptoms which attended its course.

The patient was a man forty-four years of age, and for twenty-two years had served in the British army. He appears to have been a steady, sober, well-conducted man, and was a sergeant when he left the service and joined the Corps of Commissionaires four years ago. With the exception of three attacks of intermittent fever in India, he had had no previous illnesses, and he had never suffered from syphilis. His father and mother were living and healthy, so were all his brothers and sisters; moreover he was married and had four healthy children.

When first he came under my observation in June last, he stated that about six months before he began to complain of slight difficulty of breathing, accompanied with a dry, tickling cough, both of which gradually became worse. About a month later *the glands on both sides of the neck became enlarged, as well as those in the right axilla*, and he could not stoop down without feeling giddy. At that time he became first an out-patient and afterwards an in-patient of the Metropolitan Hospital, and whilst there the presence of a tumour in the anterior mediastinum was diagnosed. The enlargement of the cervical and axillary glands continued for about six weeks, and then subsided. He stated that the superficial veins on both sides of the thorax and of both arms became prominent and distended during the time the glands in the neck and axilla were enlarged. Up to this time his general health had been good; he had a good appetite, and did not lose flesh; he complained, however, of the troublesome tickling cough, of a constant pain between the shoulders, and of an inability to lie down in bed with comfort.

About the end of last June—that is, about six months after the first appearance of his cough—he became an out-patient at the Brompton Hospital, and subsequently an in-patient in King's College Hospital. At this time the following notes of his condition were made:—

"He complains of severe cough and dyspnœa, with pain in the right subclavicular region, extending to the adjacent part of the sternum. The cough is of a curious ringing and incomplete character, the paroxysm being suddenly arrested or cut short; it is immediately brought on by depressing the chin, or assuming the recumbent position, or even by pressure of the stethoscope on the back of the chest between the scapulæ. He has no difficulty in swallowing, and never has had any. On visual examination, there is a distinct and uniform bulging to be observed anteriorly, over the upper part of the right side of the thorax, between the clavicle and the nipple. There is almost absolute dulness on percussion over this region, and the dulness extends horizontally across the upper part of the sternum, and invades the left infraclavicular region, as far as, or rather beyond, the inner third of the left clavicle. Moreover, on the right side the dulness extends vertically downwards, with little variation in intensity to that of the upper margin of the liver. Over this dull area the respiratory sound is distant and feeble. In the right supra- and infraclavicular regions a loud and harsh grating sound is heard with the breathing, while over the right apex posteriorly loud harsh bronchial râles are heard, which extend (probably conducted) over the whole of the right lung. The resonance behind is equal on both sides, and the respiratory murmur at both bases is feeble. There is an absence of vocal fremitus on the right side in front. The heart-sounds are heard feebly over the dull area; they are normal, and the organ is not displaced. Over a circumscribed spot corresponding to the heart's apex there is heard a somewhat indistinct double friction-sound synchronous with the heart's action; immediately external to the limits of the præcordia it adopts the rhythm of the respiratory movements, and is very distinct as a double pleuritic rub around the base of the left lung, as far as the left scapular angle. The superficial abdominal veins are enormously distended, and their anastomoses with the thoracic veins distinctly manifest; but the veins of both upper extremities are normal, as well as the two jugulars. The venous distension is limited chiefly to the veins below the nipple. The radial pulse on the right side cannot be distinctly made out; on the left side it beats 120 in the minute; temperature 102°. The face is livid, and wears an anxious expression; the pupils small but equal. There is no alteration of the voice. *No unusual impulse, no thrill, no abnormal cardiac or arterial murmurs, can anywhere be distinguished.* At present there is no enlargement of the cervical or axillary glands. On careful measurement it is noticed that the level of the nipple on the right side is half an inch lower than the left, and that the right half-circumference of the chest, on a level with the nipples, is two inches and a half greater than the left."

Soon after his admission into the hospital the external jugular veins and the veins of the upper extremities became again distended, and it was noticed that the jugular veins filled from below if they were obstructed by pressing upon them above. This was associated with extreme orthopnœa and lividity of the face, conditions pointing to great pulmonary obstruction. At the same time the epigastric veins were enormously dilated and tortuous, and the current in them appeared to flow from above downwards. The cough, at this period, became very troublesome, and was accompanied with abundant muco-purulent expectoration. Paroxysms of difficulty of breathing were frequent and very distressing. The hands and feet were cold and livid, but not œdematous. He could neither lie back nor bend forwards, since both of these positions caused violent coughing, so he sat upright in bed, with his hands on his knees, breathing with great difficulty.

He derived a good deal of temporary relief from a draught every four hours, containing morphia, ether, and carbonate of ammonia. For several days the breathing became easier, the cough less frequent, the efforts to expectorate less arduous, and he obtained some quiet sleep.

On the 6th of July the whole circumference of the chest exceeded the previous measurement on the 17th of June by an inch, and the right half-circumference by half an inch.

The improvement in the more urgent symptoms was not of long duration, and on one occasion, when the distress of breathing was extreme and suffocation appeared to be impending, Mr. Roche, the house-surgeon, opened one of the greatly distended jugular veins, the right, and withdrew about six ounces of blood. This proceeding was followed by much relief to the breathing, and the patient was enabled to obtain some sleep. A few days later (July 10th) another attempt was made to relieve the paroxysm of dyspnœa by letting blood from one of the brachial veins, but without any good result. The case was rapidly approaching its end. At this period the poor man could obtain no relief in any position; no relief from any drug; night and day were passed in an agony of distress—restless, sleepless,—and we could only stand by sad and helpless spectators of this strange unequal fate. He had not inherited disease; he had done nothing to acquire disease; for a man in his position he had led a singularly blameless life; yet we saw him wrestling, in the prime of life and the perfect vigour of his faculties, with a cruel, miserable, and inevitable death. It was one of those terrible, unaccountable destinies that we are occasionally called upon to contemplate. He died, exhausted with suffering, after he had been in the hospital about a fortnight.

The local signs remained the same throughout, except that the bulging of the upper part of the right side of the chest slightly increased. But there was never at any time any abnormal vascular or cardiac murmur, thrill, or impulse to be heard, felt, or seen.

The following is the account of the post-mortem examination, which has been furnished me by Dr. Kelly:—On opening the thorax, the right lung was seen to be partially collapsed, and the pleura over it was covered with recent lymph. There were also some old adhesions between the right lung, chest-wall, and pericardium. The left lung was non-adherent, but there was some soft recent lymph on the surface of the lower lobe. Lying behind the top of the sternum, and bounded on either side by the lungs, lay a nearly oval tumour, which proved to be an aneurismal sac springing from the front part of the ascending arch of the aorta. The sac was about 3 in. by 2, with rather thin walls, and partly filled by a pale, fibrinous clot. The aneurism was so situated that the left innominate vein ran above its

upper surface, and joined the right innominate, to form the vena cava superior which ran along the right border of the tumour. The aneurism communicated with the aorta by an oval opening near the junction of the ascending and transverse portions of the arch; it then came forward, *and spread nearly uniformly in all directions*, so that it lay quite in front of the aorta and innominate. The heart was rather larger than usual; apex displaced a little downwards, valves healthy, walls flabby. The aorta was roughened and dilated just above the valves, and in several parts of its course was thickened with atheromatous deposit. The innominate, left carotid, and left subclavian arteries were healthy. The radial arteries on either side were healthy, and of the usual calibre; the right, however, was deeper seated than usual. The aneurismal sac pressed on the trachea and bronchi, and the mucous membrane corresponding seemed rather inflamed. Muco-purulent fluid exuded from the bronchi on section. The other organs were healthy.

This case, the history of which I have now related, was one of those where the diagnosis between the existence of an aortic aneurism and that of a solid mediastinal tumour becomes extremely difficult, if not altogether impossible. There were, doubtless, in this case many of the symptoms which accompany thoracic aneurism—I allude especially to the signs of intrathoracic pressure; the obstructed return of blood evidenced by the enlargement and tortuosity of the superficial veins; the presence of a hoarse, clanging cough, the sense of suffocation, the orthopnœa;—but then all these pressure signs might be equally well produced by a mediastinal tumour which was not aneurismal, while in favour of the presumption that such was really the nature of the disease we had none of those local signs which in the majority of cases accompany a large aneurism close to the anterior chest-wall. There was no impulse over the prominent portion of the thorax, no thrill, no abnormal cardiac or vascular sound whatever. Then, again, the prominence of the chest-wall, though considerable, was more uniform and diffused, and not pointed, as is usually the case with aneurisms in this situation. We also found a most unusual extent of percussion dulness, extending uninterruptedly far beyond the course and situation of the aortic arch, invading both sides of the chest, and extending on the right side to the upper level of hepatic dulness. We had further the history of enlarged cervical and axillary glands, and we had occasional rises of temperature to 102°, a circumstance which has been observed in connexion with intrathoracic growths, but upon which no importance can be placed, as it is commonly caused, as in this case, by intercurrent attacks of pleuritic inflammation.

Taking all these circumstances into consideration, we were led to prefer the opinion that this patient was suffering from a large and rapidly-increasing intrathoracic growth, occupying chiefly the anterior mediastinum—an opinion which the sequel of the case proved to be incorrect. The case was, however, altogether an anomalous one, and the deviation from the symptoms usually observed in such cases may be, to some extent, accounted for by the spreading character of the aneurismal tumour, and by the fact that it was nearly filled with fibrinous clot, while pressure on the trachea and right bronchus had led to collapse and condensation of a great portion of the right lung, and produced a corresponding amount of percussion dulness.

I may just allude, in conclusion, to the bold, and to my thinking perfectly justifiable, expedient which our house-surgeon, Mr. Roche, had recourse to, of opening one of the jugular veins when the symptoms of pulmonary obstruction became very threatening—a proceeding which, for a time, gave the patient much relief.

St. James's-street, May, 1872.

BEQUESTS, &c., TO MEDICAL CHARITIES.—Mr. Thomas Holme, of the City-road, bequeathed £5000 each to several charities, among which are King's College, the London, St. Bartholomew's, and Charing Cross Hospitals; he also left £1000 to the Cancer Hospital, Brompton and Piccadilly. The Royal Free Hospital has received £100 from the Grocers' Company. Miss Mary Jenny Prideaux Brune, of Padstow, bequeathed £100 each to the Royal Cornwall Infirmary, Truro, and the East Cornwall Hospital and Dispensary, Bodmin. Miss Mary Marples, of Taptonville, bequeathed £100 to the General Infirmary, Sheffield.

PURULENT PERICARDITIS.

A CASE IN WHICH THE PERICARDIUM WAS FILLED WITH PUS.

BY JAMES GREY GLOVER, M.D.

THE following case is one of considerable rarity, and perhaps worthy of being recorded.

On the 12th of April I was called to see a little girl, Grace W——, aged twelve, who had complained occasionally, but not severely, of pain in her left side for two or three months, had been ill for two or three weeks, and under the care of a homœopathic practitioner. I was told that her illness began with a slight shivering. There was no rigor throughout. She was pale and emaciated, and had a higher temperature than normal; on the second day of my attendance it was 101°. The most noticeable complaint she made was that of excessive tenderness when touched anywhere, but especially about the chest. This made physical examination impossible. Her respiration was rather quick, and her nostrils were dilated more or less on breathing. She generally sat up in bed, with her shoulders much rounded. I could not make out the indications of tubercular disease, which I suspected, either in the lungs or the abdomen. The first day or two of my attendance there was sickness, vomiting of almost everything taken, and a tendency to diarrhœa. The upper part of the abdomen was swollen and tender, and hard as far as could be ascertained. She became gradually weaker. She was clear and intelligent, but was occasionally excited in a semi-hysterical sort of way, and on the occasion of my visit the day before her death, went for a few minutes into a very curious trance-like condition, on coming out of which she sang in an Ophelia-like fashion. This nervous element in the case was very noticeable throughout, but I confess to being more impressed with the emaciation, the high temperature, the short breathing, &c. Though I had to content myself with a somewhat vague diagnosis, I had no difficulty in giving a very serious prognosis, which was verified by death in seven days. It is remarkable that two days before her death she managed to walk, after a fashion, a few feet from the sofa to her bed.

The treatment consisted in attempts to introduce nourishment, and, in the way of medicine, the administration of a drop or two of tincture of opium every three or four hours, which soothed and had a beneficial effect on the vomiting and diarrhœa.

At the post-mortem the above facts received the following pathological explanation:—*Thorax*: On percussing the chest and abdomen prior to opening them, extensive cardiac dulness, and dulness and hardness of the hepatic and epigastric region, were marked. On opening the chest the pericardium was found very much distended, as if with a large quantity of fluid. This fluid turned out to be very thick greenish-yellow pus—what the old pathologists would have called laudable pus,—which welled up out of a little opening made, till occasionally the opening became plugged with lymph. I collected a tumblerful of it, and much more remained. There must have been at least two tumblersful altogether. Much purulent lymph then appeared adhering to the inner surface of the pericardium. The substance of the heart seemed pale and soft. The endocardium and the valves were unaffected. The lungs were congested and adherent to the side, but did not contain tubercle. There was a quantity of serum in the pleura, but not pus.—*Abdomen*: The liver was enlarged very much and universally congested. There was a good deal of straw-coloured fluid in the abdomen; but no other morbid appearance was noted.

Remarks.—I never saw pus in the pericardium before, and from what I can gather from books and physicians and pathologists of authority, the case is one of rare occurrence. Clinically, it is curious to notice that such a quantity of pus can accumulate in the pericardium without more distress of the circulation, without more acute local symptoms, and without the coexistence of acute rheumatism.

Dr. Wilks kindly sends me the following comments on

my written account of the case, which will be read with interest:—

"Your case is an interesting one; I have seen two or three of the kind, and in none was the pathology very clear—i.e., there was not the history, as one might have supposed, of rheumatic pericarditis, but the disease was insidious and undiagnosed. We have amongst our drawings in the museum an enormously distended pericardium of a case under the late Dr. Hughes. He thought the physical signs caused thereby indicated pleuritic effusion. The same thing occurred under Dr. Addison.

"In the Pathological Transactions for 1869 is a case of mine where a lad died with pericardial effusion. This was evidently the result of an acute affection, although the history extended over some months. His symptoms were due to impairment of the heart's action, and such as are met with in ordinary cardiac disease.

"I suppose the question is—whether such insidious and generally undiagnosed effusions are of a peculiar kind and have a pathology of their own, or whether they are simply the exceptional and accidental consequence of an ordinary pericarditis from some constitutional peculiarity on the part of the patient, just as a pleurisy will now and then end in an empyema, or a peritonitis in a purulent effusion in the abdomen. I apprehend that the chances are in favour of this explanation. Paracentesis of the pericardium has often been proposed, and even practised; but, unfortunately, in the three cases which I have seen where it would have been feasible the diagnosis was not made."

Compton-terrace, N., June, 1872.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JUNE 5TH, 1872.

DR. BRAXTON HICKS, F.R.S., PRESIDENT, IN THE CHAIR.

THE following gentlemen were elected Fellows of the Society:—C. J. Bracey, M.B. (Birmingham); G. B. Denton, Esq. (Liverpool); H. M. Fernie, Esq. (Macclesfield); C. Leonard, Esq. (Bristol); M. Tuchmann, M.D.; and C. B. Waller, Esq.

A report by Drs. Black and Potter on the growth attached to the mouth of a fœtus, and exhibited at the last meeting, was read. It was found to spring from the body of the sphenoid bone, and was composed of numerous pieces of bone and cartilage united together into a compact mass, with here and there little deposits of fat. The reporters believed that it probably represented a secondary fœtus.

Dr. SQUAREY read an account of the cases of three sisters in whom the uterus and ovaries were absent. The congenital defect seemed to have been derived from the mother's family. The first patient was twenty-six years of age, and had never menstruated. She suffered from pain across the back occasionally, but not regularly. The vagina was represented by a cul de sac one inch and a half or two inches long. No sign of uterus by vaginal or rectal examination. The pubes was devoid of hair; the breasts were well developed. The second patient was eighteen years old. Menstruation had never appeared. A vaginal examination disclosed exactly the same condition as in her sister, except that the vaginal cul de sac was shorter and smaller. The third sister, aged sixteen, was also the subject of a similar deformity. There was nothing in the external appearance of either of them to lead anyone to expect that such a malformation existed.

Dr. PHILLIPS said that in 1870 there were two sisters under his care at Guy's Hospital in whom no trace of a uterus could be found. One was twenty years of age, rather diminutive in stature. The external genitals were well formed, and the mammary glands were well developed. The vagina was represented by a short canal, about an inch long, terminating as a cul de sac. So far as an examination during life could decide, there was no uterus, and the ovaries could not be felt. Her sister, aged twenty-one, was found to be the subject of a malformation similar in every respect. Neither of them had ever menstruated. It was worthy of notice that in Dr. Squarey's cases and his own the breasts were developed. It was, of course, possible that the ovaries existed, but in one case he saw the breasts were large, though it was in the highest degree probable that all the internal genital organs were absent. There was no opening between the urethra and the rectum, and the intervening septum was about the natural thickness of the urethro-vaginal septum. The finger in the rectum and the hand above the pubes met easily.

Dr. HEYWOOD SMITH referred to the case of a woman aged thirty who had not menstruated, and in whom there was found merely a small knob about the size of half a filbert to represent the uterus. In another case there was no uterus, as far as he could ascertain. A very short vagina existed, and a wide urethra, through which menstruation occurred. In a third case there was a normal uterus, but total absence of menstruation, and she had full whiskers and beard.

Dr. ROGERS had had under his care three cases of absence of the uterus in otherwise well-formed and healthy women. The vulva, the labiæ, and the mammæ were well developed, but the most careful examination, even with the hand in the rectum, the patients being under the influence of chloroform, failed to find a trace of a uterus.

Dr. TILT was not prepared to admit that the ovaries were absent in women who owned to sexual feelings and presented a normal development of the mammary glands; probably in such cases the ovaries were placed beyond the reach of the observer's finger.

Dr. BARNES said that Kussmaul declared that the uterus and ovaries were rarely altogether absent. There was a specimen, however, in University College Hospital from a girl aged twenty-one who had never menstruated. No ovaries could be seen, and the uterus retained the characters of that of a young child. In one case he had dissected up an artificial vagina a year ago, and by means of an elastic dilator this was well preserved.

Dr. WILTSHIRE agreed with Dr. Phillips that cases of various degrees of malformation of the female genitalia were not very rare. He suggested that some information might be obtained by external measurements of the pelvis and by the condition of the breasts. He mentioned cases where patients had borne children after treatment of malformations supposed to be irremediable.

Dr. MATTHEWS DUNCAN read a paper on Long Delay of Labour after Discharge of Liquor Amnii. A patient was expecting her confinement in June, 1872. On the 10th of March there occurred during the night a copious flow of liquor amnii, and slight irregular pains were felt. The liquor continued to discharge freely, but not constantly. The uterus gradually diminished in bulk, and in a fortnight's time it felt not much bigger than a large adult fœtal head. On the 25th of April regular pains came on, and the child was born alive, but survived a very short time. There appeared no doubt that pregnancy continued for forty-five days after the discharge of some of the liquor amnii; and the fœtus continued to live for several weeks in a very contracted uterus. The author considered that the hypothesis resorted to by Burns in explanation of such cases, that the torn membranes may be healed, was not only without rational grounds, but contrary to all we know. Among the conditions which may be mistaken for premature evacuation of liquor amnii Dr. Matthews Duncan mentioned discharges of urine, watery discharges, such as are sometimes observed in virgins, and whose source may be Cowper's gland or the cervix uteri, discharges from the uterus of a fluid occupying the anatomical position of hydroperionic fluid, discharge of liquor chorii, discharge of the liquor amnii of one ovum, discharge of the fluid in a cyst described as occurring between the chorion and the amnion. In the above case, however, that the discharge was liquor amnii was proved by the subsidence of the uterine tumour, by the diminution of its bulk, by the increase of its hardness, by the complete absence of discharge of liquor amnii at the time of labour, by the compressed state of the child, and by the almost complete rubbing off of the vernix caseosa. Here the discharge of liquor amnii in occasional gushes took place till labour came on; and long after it was evident that the uterus had been for the time as completely evacuated of this fluid as it could be. But this circumstance was easily explained by the accumulation of newly secreted liquor amnii. Winkler's researches proved that the amniotic

membrane has the power of secretion and absorption in a high degree. The author believed that firm compression of the fœtus may take place without active uterine contraction; and it is firm compression by active uterine contraction that is incompatible with continuance of pregnancy, or of fœtal life, not such mere firm compression as is seen in a case of missed miscarriage or missed labour. The explanation of the partial and repeated discharges of liquor amnii by a high position of the rent in the membranes, and some sort of valvular action, seemed to the author chimerical. The great question suggested was, why do conditions which generally induce labour fail to do so in these rare cases? In our present state of utter ignorance as to the cause of the coming on of natural labour, it is not to be wondered at that we cannot tell the cause of its failing to come on. It is highly probable that he who discovers the cause of the coming on of natural labour will also be able to explain why in these abnormal cases labour does not come on.

Dr. SNOW BECK mentioned the case of a lady who, when six months pregnant, had a copious discharge of clear watery fluid. Labour came on at the natural term, and there was no escape of liquor amnii. Also another case, in which at the fourth or fifth month there was a sudden discharge of two or three quarts of perfectly clear fluid, which continued more or less all night. This recurred every evening (except during one week) for ten weeks, when she was prematurely confined, and died from hæmorrhage two hours after the removal of the placenta. Dr. Beck believed this to be an exudation from the vagina, and perhaps the great venous congestion was relieved by rest during the night and again increased by being about all day. He did not think that either set of glands in the uterus was involved in its production.

Dr. BARNES believed that hydrorrhœa, especially in early pregnancy, resulted from a hypertrophied condition of the glands of the uterine mucous membrane, and this might explain Dr. Beck's second case. He did not believe in the rupture of the membranes and the rent healing. He might offer a speculation in relation to the cause of labour. Why labour did not so readily come on under provocation before the natural term of gestation was because the nervous centres had not yet attained that remarkable degree of irritability which characterised them at full time. There was a less ready response to excito-motory stimulus.

Dr. RASCH said he found the characteristic smell of the liquor amnii a very valuable help to diagnosis in cases of alleged discharge of the waters.

Dr. MADGE read an account of an interesting case of Uterine Fibroids complicating Pregnancy. The patient was forty years old, pregnant for the first time. Eight distinct swellings could be made out. All the tumours, except one, increased in size during pregnancy. Labour tedious; delivery by forceps; hæmorrhage from imperfect contraction. The hand in the uterus detected its walls to be full of nodosities. In three months one tumour was still the size of a cocoa-nut, and the other tumours were much smaller. In six months three of the smaller ones had disappeared. In sixteen months the uterus and the large fibroid were still but slightly lessened in bulk, and two of the smaller tumours were distinctly made out, but only traces of the others remained.

Dr. MUNDE exhibited, for Professor Simon of Heidelberg, a Scoop for removing the superficial portions of uterine cancer when more complete means could not be used.

The PRESIDENT, Dr. BARNES, and Dr. RASCH assented generally to the principle of dealing with cancer by removing the superficial proliferating portions which were the seat of hæmorrhage and foul discharges. Dr. Rasch had used Simon's instrument. Dr. Barnes said it did not differ in its use from Marion Sims's curette, which he used.

DEATH FROM SEWER GASES.—On the 20th inst., whilst six men were engaged in clearing out a tunnel connected with one of the Liverpool sewers, one of them fell into a state of insensibility, and although quickly removed to the open air he never recovered consciousness, and died shortly afterwards. Several others suffered more or less, and one, in endeavouring to escape, fell down to the bottom of the shaft. An inquest has been held, but the jury adjourned for the production of scientific evidence. We must defer further remarks until after the verdict.

Reviews and Notices of Books.

Queer Things of the Service: illustrated in the correspondence between Mr. Joseph Meanwell, at the Antipodes, and Sir John Shortbill, Knt., of London. Edited by JAMES DYEHARD, Capt. unattached. London: Sampson Low and Co.—Of the existence of queer things in Her Majesty's Service we have long been acquainted, but the queerest are to be found in the present little volume, just published, which details them after a fashion that makes it one of the best squibs we have read for a long time. For the good of Her Majesty's Service, we wish that a copy were in the hands of every M.P. It is all about the doings of a shining light in the great Constrictor Department of the Army. Constrictors have very few friends, and we need not wonder at it; for the system they administer is not calculated to conciliate people. A constrictor may be supposed to exercise very much the same kind of influence in a garrison that a mean meddling woman sometimes does in a household: the old and tried servants, unable to stand it, give notice to quit; while a spirit bordering on revolt exists among the younger. A number of men, often juniors, having all at once found themselves in positions admitting of their snubbing people right and left, become an intolerable nuisance. Enjoying relatively high salaries themselves, their *raison d'être* consists in cutting down the allowances of everybody else. The encounters between the constrictor and the various departments and doctors at the antipodes; the meddling and muddling; the petty dodges to effect paltry savings, which form the very backbone of the constrictor system; the mare's nests; the rebuffs encountered on every side; the inward misgivings and final collapse of the officiating constrictor with "requisitions" on the brain, on the report of an outbreak among some warlike tribes;—are they not all written in this racy little book, price half-a-crown? We are not going to spoil the stories by curtailing them; but this we may say, that we have ourselves heard anecdotes about the new Constrictor Department with which we could cap those told so spiritedly in this volume. We are glad to notice, for the credit of the Army Medical Service, that Staff Surgeon Dr. O'Rourke possessed a terrible faculty of hitting hard, and proving himself a dangerous customer to constrict. Fully believing that the anecdotes and dramatic portions are highly-coloured truths, we prophesy that this squib will prove a heavy blow to Sir John Shortbill and his department.

Dr. Pereira's Elements of Materia Medica and Therapeutics. Abridged and adapted for the use of Medical and Pharmaceutical Practitioners and Students, and comprising all the Medicines of the British Pharmacopœia, with such others as are frequently ordered in Prescriptions or required by the Physician. Edited by ROBERT BENTLEY, M.R.C.S., F.L.S., &c., and THEOPHILUS REDWOOD, Ph.D., F.C.S., &c. pp. 1093. London: Longmans, Green, and Co. 1872.—We owe many apologies to the editors of this volume for the delay that has occurred in noticing it. It may make them some amends to say that we have been testing its merits by making frequent references to it, and that we consider it a thoroughly good book. The work is based upon the abridgment of the late Dr. Pereira's celebrated treatise published in 1865, under the editorship of Dr. Farre, Professor Bentley, and the late Mr. Warington. The present work has, however, been much enlarged and improved, and made to embrace a wider range of subjects. Much original matter has been added, and every part of the volume bears traces of the careful revision that it has undergone. It is excellently illustrated, and furnished with a good table of contents and index.

The Journal of Anatomy and Physiology. Edited by Professors HUMPHRY and TURNER. Ser. II, No. 10. May, 1872. Macmillan and Co.—This number contains, as its *pièce de résistance*, a long and important paper, or rather series of papers, by Prof. Humphry on the Muscles of various Vertebrata, as the Lepidosiren annectens, the dogfish (Mustelus levis), the Ceratodus, and the Glass-snake (Pseudopus Pallasii), with some general observations on the disposition of the muscles in Vertebrata. These essays contain a large amount of information obtained by careful dissection, and are very creditable to Prof. Humphry's industry. Prof. Turner contributes a short paper on the Sternum of the Sperm Whale, of the occurrence of which animal on the coasts of Scotland in the course of last year he has collected ten well-authenticated instances. Dr. Ainslie Hollis describes the histology of, and the effects of various irritants when applied to, the Actinia; and two minor papers. Mr. Garrod gives a paper on the Construction of the Sphygmograph. Dr. Braxton Hicks furnishes an account of some Dissections of the Placenta made *in situ*. Dr. Traquair describes the so-called Tailless Trout of Islay, and gives a plate of a well-marked specimen, showing that the peculiarity is due to a shortening of the caudal fin rays. Besides these there are several short communications from Mr. Champney, Mr. Bradley, Mr. Liversidge, Mr. Stirling, Mr. Watson, and Mr. Galton, with the usual excellent reports by Drs. Rutherford, Fraser, Brunton, Turner, and Ferrier. Altogether the number is an excellent one.

Observations de Gravelles rares, Gravelle pileuse, Calculs se divisant dans la Vessie, recueillies à Contrexéville. Par le Docteur A. E. DEBOUT, Médecin Inspecteur des Eaux de Contrexéville, &c. Pamphlet, pp. 14. Paris: Delahaye. 1872.—These cases were brought before the Hydrological Society of Paris, February, 1872, this pamphlet being a reprint of the paper. The author (whose work on Contrexéville we reviewed some time ago, THE LANCET, vol. i., 1870, p. 697), states that he wishes to quote cases which have come before him at Contrexéville (a watering-place noted for its anti-lithic powers) without venturing to explain *pilous* gravel, nor the spontaneous breaking of stone in the bladder. Of pilous gravel two cases are mentioned: in the first, the hairs were mixed with lithic acid; in the second, they formed a magma with lithic sand. The author does not agree with Professor Broca, who thinks that urinary trichiasis of men might be simply fœtal pilimiction; nor with Bichat, who considered that hair may form on mucous membranes. As to the spontaneous splitting of stones in the bladder, Dr. Debout owns that such facts have been pretty often recorded, but that a satisfactory explanation has not as yet been offered, and he considers that the contraction of the bladder, layers of mucus, imbibition, or the effects of time do not give the clue to the phenomena. It should be remembered that Mr. Cross has seen stones break after removal from the bladder. One circumstance much in favour of Contrexéville is that the spring called Pavillon excites the discharge of calculi in doubtful cases. In one of the three instances described by the author, the fragments were evacuated after the use of this spring without any instrumental interference. Dr. Debout has done good service in bringing these cases before the profession.

Monthly Microscopical Journal. No. 42. June, 1872. Edited by HENRY LAWSON, M.D.—This part (the last of the seventh volume of this valuable periodical) contains the following papers:—1. An Improved Reflex Illuminator for the highest powers of the Microscope, by F. H. Wenham. 2. On a Silvered Prism for the successive Polarisation of Light, by J. W. Stephenson. 3. Structure of Battledore Scales, by J. Anthony, M.D. 4. A Reply by Dr. Beale to Dr. Klein's strictures on his views respecting the Distribution of Nerves. 5. On Bog Mosses, by Dr. Braithwaite. 6. The Crystallisation of Metals by Electricity, by Philip Braham. 7. On the means of distinguishing the Fibres of New Zealand Flax from those of Manilla or Sizal by the Microscope, by Captain Hutton.

On Mankind: their Origin and Destiny. By an M.A. of Balliol College, Oxford. London: Longmans, Green, and Co. 1872.—The M.A. of Balliol College has, like the late Mr. Buckle, been a great reader. This is a very big and very learned volume, the author's observations extending over a very wide range. He endeavours to prove that Nature worship is that primary and universal religion of mankind which underlies all the religions, myths, and allegories of Pagan, Jewish, or Christian origin. It is not the kind of work that we can be expected to review, nor need we discuss the conclusions at which its author has arrived. One word we must, however, say as to the excellent manner in which it has been got up; it is beautifully illustrated, clearly printed, and altogether a production that reflects credit even on the firm of Longmans.

SIR WILLIAM GULL ON TYPHOID FEVER.

THE announcement that Sir William Gull would deliver a lecture at Guy's Hospital on Typhoid Fever naturally brought together a large audience on Thursday, June 20th, composed chiefly of present and past students of that school. The following is a full abstract of the discourse.

Sir William began with the remark that it is about two hundred and fifty years since one of the kings of England died of ague; but now the improved condition of agriculture and drainage in this country is such that ague has become rare, and certainly very few die of it. He then expressed his belief that two hundred and fifty years hence few will die of typhoid fever, inasmuch as this disease is as preventable as ague. Typhoid fever is, *par excellence*, to be ranked amongst "diseases," because it is caused by a virus—a virus of nature—which may get into the healthy body, and increase in it, and destroy it. It is an accidental condition, and not one of the ordinary processes of nature. Therefore we ought to rise up in arms against it, as we Englishmen would rise up in arms against any enemy that should attack us or threaten us.

Sir William said that he was not going to give a lecture on typhoid fever, as such a thing would be impossible in the time allotted; but he appealed to those present, as Guy's students, to sympathise with him, as a Guy's man, in late conditions which have given rise to the increased attention to the subject of typhoid fever. Many diseases that were formerly very fatal are recoiling before the advances of civilisation—to wit, the plague, ague, and even cholera. Typhoid fever is stated to kill 17,000 a year in England; how great, then, must be the number attacked! It stood among the preventable diseases, and it was important, therefore, to know how it originates. There is no scientific theory, but there is a good working theory on the point. The origination of the disease is, somehow or another, connected with drainage. It has, therefore, been called the filth fever; hence to get rid of the filth is to get rid of the fever. It seems as if this really is so, for Millbank Prison was infested with typhoid and dysentery, but now the water-supply has been changed, and the drainage attended to, and these diseases have almost entirely disappeared. No one can approach a case of typhoid fever without paying some attention to hygiene. It is no use tinkering with the disease if one does not try to prevent it, and it no doubt may be prevented. The theory is that it is connected with germs which get into

the blood; we know nothing about these germs—the air is full of them. There is an idea that they are imbibed by drinking water, and that they increase and multiply within the body. Although this has not been demonstrated, yet it is a good working theory.

The first thing then to be done is to find out what will prevent the disease. Some may say, "Tell us what will cure it;" but this is not of such importance as the prevention. Sir William next said that he liked the name *typhoid* because the disease resembled *typhus*, and yet it was not typhus. It is an error to suppose that there are symptoms of typhoid fever essentially, for the poison may get into the body, and destroy life, without setting up any symptoms of typhoid fever proper. Some years ago a case was taken into Guy's Hospital, the patient having become suddenly ill; and shortly after admission he died, but the cause of death was not suspected till a post-mortem examination revealed perforated typhoid ulcers of the intestines. This patient had gone about his work regularly up to the day of his death. The next subject is the diagnosis of this disease. This is sometimes at first uncertain; patients rarely come till they have been ailing some time. The furred tongue, headache, malaise, &c., belong to other diseases besides typhoid fever, therefore the term typhoid is a good one, because the symptoms somewhat resemble those of typhus. Many other names have been given to this disease, but the one most generally adopted is typhoid fever. It has been called pythogenic fever, from its supposed origin from filth; but it is not advisable to accept this name, as at some future time it might be necessary to change again.

The history of an attack of typhoid fever is somewhat obscure. The poison lurks in the body some time before the real onset of fever; it may be as long as five or six weeks. The disease then begins insidiously and irregularly; the prodromata are uncertain. Where does this poison work? Is it in the intestinal tissue, or in the mucous membranes, or in the absorbent system? We do not know; we say that it is in the blood. Where are these lurking beginnings? These are probably in the intestinal system, for we find digestive disorders and disturbance of the bowels in the first instance. It is, however, very difficult to say when the disease begins; but if the ordinary course of health be represented by a straight line, we shall find at the commencement of the disease an abrupt deviation from this straight line, which deviation goes on increasing till the fourth to the sixth day; consequently, we find that on the fourth day the patient is ill, and on the fifth or sixth day very ill and obliged to keep his bed. It is about this time that we first see these patients as a rule, and how are we to tell that they have got fever? Well, by the little instrument called the thermometer. Now, if on even the first day the temperature be normal in the afternoon, there is no fever. In typhoid the temperature increases 1·5° to 2·0°, or even 2·5° F. in the first twenty-four hours. If a person who has been exposed to typhoid fever have a headache, and his temperature be 101·5° on the first day, it may be typhoid; but if, as is sometimes the case in persons who have been nursing, the temperature be below normal, or even if it be normal, you may be certain that there is not fever present. On the other hand, if on the first day the temperature be 105° you may be certain that the disease is not typhoid. We see, therefore, that whether the temperature be too low or too high the thermometer will greatly assist us in making a diagnosis. The temperature goes on rising about 1·5° per diem till about the fifth or sixth day, when it reaches its maximum of about 103·5° or 104·0°, or even more. This is not absolutely true, because some persons may go through typhoid fever and know nothing at all about it. In this disease, therefore, we see that there is first a long and uncertain prodromal stage, and then the onset of fever, which is insidious. Although the degree of temperature is reliable in determining the presence or absence of fever, the same cannot be said of the condition of the pulse, for, in nervous patients, the rapidity of the pulse may be greatly increased, and yet no fever be present. It therefore becomes an important thing to use the thermometer in practice; it will save many errors if used at the proper hour of the day—that is, in the afternoon.

To return to the course of typhoid fever, we find (still adhering to the chart) that on the twenty-first day the curved line suddenly runs into the straight line of ordinary health, and the fever is completed. In some cases, however, this does not take place till the twenty-eighth day. During this course we cannot give an answer to the queries of the patient's friends, "Is he better?" We must refer them to the chart, and tell them what is the course through which the disease must go. "We shall find no word 'better' written anywhere on the curve." Without this is borne in mind much annoyance may be given to the friends, for in the morning the patient may be cooler and appear better, but in the evening he is hotter and appears worse, and if the medical man were to alter his opinion according to the degree of temperature the friends might say that the attendant knew nothing whatever about the disease. It is necessary to wait the natural term of the disease before we can say whether the patient is better; moreover, we must bear in mind that two charts of the course of the disease may be drawn out, one in which the disease is represented as lasting twenty-one days, and the other in which it lasts twenty-eight days. But it is not always easy to say which is the twenty-first or twenty-eighth day, as it is so difficult often to fix the date at which the disease began; but by carefully recording the temperature we may tell the time to a couple of days. On the other hand, it is not always that we can say positively the patient is better on these days, for the disease may, as it were, begin again, and exactly repeat itself, and this repetition may last twenty-eight days more, or it may even triple itself, as Sir William taught many years ago, when lecturing on this subject to the students at Guy's Hospital. This triple attack may last as long as the previous ones. These repetitions have been found on post-mortem examination to correspond with fresh outbreaks of the intestinal affection; for in these cases, should death occur, some of the ulcers will be found almost healed while others are just beginning to be affected. It is always necessary, therefore, to give a prognosis which shall allow of the possibility of these secondary attacks. But these repeated attacks do not necessarily last as long as the previous ones; they may be much shorter, lasting only one, two, or three weeks. So that typhoid fever may have a simple course of twenty-one days, or a prolonged course of twenty-eight days, or a double or triple course, the duration of which equals that of the previous attack; or lastly, a complex course—one or two attacks of ordinary duration, with another of shorter duration.

Now, in whatever manner the poison of typhoid is introduced into the system there is a concentration in the ileum. The presence or absence of diarrhœa depends on the implication or not of the large intestine. Although the ileum is the focus of the operation of the poison, yet it does not end here, for it is reflected to every organ of the body. The incidence of the poison is on the ileum, but the reflection is over the whole body. The body reacts to these conditions, and the fever is a reaction to the local condition of the bowels; but this does not imply that typhoid fever is a local affection of the bowels as was formerly taught. This poison reacts in other ways, as by setting up ulceration in various parts of the body. He was once called to the case of a young girl who was sickening of an illness. She had a discharge from the vagina, which led the medical attendant to doubt the girl's chastity; but he (Sir William said that it was typhoid, and that the discharge was due to ulceration of the vagina. Another case, in Guy's Hospital, was treated as a gonorrhœa; but in reality the patient had ulceration of the prepuce from typhoid fever. In a third case, the patient had perforating ulceration of the larynx, and he suddenly became emphysematous over the body, which "floored" him (Sir William); but this case was shown after death to be one of ulceration of the larynx occurring in the course of typhoid fever. This disease then is not a local one, although the focus of the action is in the ileum. But to return to the chart. About the ninth day of the disease mischief begins to show itself in the intestines, and at this time the deposit may open up a large bloodvessel, and thus give rise to severe hæmorrhage, or, if it go still deeper, perforation of the bowel may take place; or the bronchial membranes may become affected, or the bronchial glands enlarged, which may give rise by reflex action to spasm of the larynx. Every organ in the body is affected if the disease be severe. Every part of the body may be affected through the nervous system. There is a tendency to reaction. There may be

pleurisy; or the enlarged mesenteric glands may soften and suppurate, which may be followed by purulent infection; or the kidneys may become diseased. In fact, any organ may become affected through the action of the nervous, venous, or other systems.

Now as to the treatment. This disease cannot be cut short, even in its early stage. Some have thought that it could be done by emetics, but few think so now. Others have thought that a purge of calomel and colocynth would cut short the attack, but this has been almost entirely given up. Others say that large doses of quinine will shorten the attack, or, at least, prevent serious complications; but Sir William related a case to which he was called, where large doses of quinine had been given, but the man was almost dead from hæmorrhage, so that, in this case, the disease was neither cut short nor complications prevented. At the present time it must be granted that when once the patient has begun to go down the curve we must not dose him with medicines—we must not give him physic. The best thing is to place him in bed in a horizontal position, and reserve his nervous power, remembering that he must, if he live, go through the whole course of the disease. He has to go through the reactions of his nervous, absorbent, and nutritive systems; he has, in fact, to go through "a great physiological storm." Let the patient alone then in this stage; "an early rest will save his power." But how is he to be treated through the remainder of the course? Is there anything to make the course less severe? Probably not. Quinine has been tried for this also, but has failed here as signally as when given to cut short the disease. It must be said that all the treatment consists of simple measures and simple diet. Medicines are only required for special conditions: for instance, if diarrhœa occur, some would give what is called "chalk mixture"; but we must remember that this has to go through about twenty-five feet of intestine. The best thing is to fill the rectum with five or six ounces of starch; it is not even necessary to put any opium with the starch. The diarrhœa only takes place when the rectum, sigmoid flexure, or descending colon is affected or irritated by acrid matters; hence, if you fill these the contact of noxious matters is prevented, and the diarrhœa checked. Time would not allow of more being said on this. [Here Sir William said he was not lecturing on typhoid fever, but only giving a few thoughts.] If hæmorrhage occur, many would give gallic acid, or tannic acid, or lead, or some powerful astringent. But do not so; "don't begin with all your great guns at once." It is best to trust to the hæmorrhage to cure itself, which it will do, and keep the patient at rest in the horizontal posture, giving a little opium (half a grain) by rectum or mouth if necessary to quiet the intestines. Ice may also be applied to the abdomen. This is sound advice, although it may appear terrible. The objection to giving lead or gallic acid or other powerful astringents is that they are apt to make the patient sick, and in that manner perhaps to make the hæmorrhage worse. Often delirium comes on in the course of the disease. The patient may get out of bed, or even commit suicide by jumping out of the window. What is to be done for the delirium? In the first place, never leave the patient alone day or night after he has begun to descend the curve, for delirium may come on at any time; therefore, he must be constantly watched. In the treatment of this complication remember that it is due to brain-irritation, and not to inflammation, as some have imagined. There is one great remedy for this, and it is alcohol; alcohol is the remedy for nervous irritation in typhoid fever, and, in fact, in any fever. How it acts is not certainly known, but it may be laid down that it is an important point in the treatment of all fevers. It allays nervous irritation and soothes the nervous system. Whenever, therefore, there is delirium or reflex irritation, give alcohol in some form or another, as brandy or wine; but when the result has been obtained, stop it; only give it when it is necessary. In fevers the use of stimulants is for the delirium, and it in no way alters the local processes, but only the reflex condition. All cases do not require alcohol, and some only require it occasionally, and for a short time. Delirium even in the early stages may be checked by brandy, and never again come on during the whole course of the disease.

There is another point. Often the patient cannot or ought not to be moved out of bed. How is he to pass his stools? There is a danger of bedsores if care be not exercised to prevent them; but no man who has a due care ought, under ordinary circumstances, to have a patient suffering from bedsores; sometimes, however, the circumstances are such that these sores cannot be prevented. The bed-pan may become the source of a bedsore which may carry off the patient. Avoid, therefore, every possible cause of irritation or abrasion of the skin. This is a point which is worthy of the consideration of every clinical physician. Again, it may be necessary to pass a catheter to draw off the patient's urine. Now this may be done in such a manner as to injure the urethra, which may be in a very tender state, and cause ulceration and severe symptoms, and even death. Use, then, a soft catheter, with all possible care and delicacy. In summing up he observed that the recovery from typhoid is dependent on attention to the smallest matters.

The time will come when this disease will become rare, or even die out.

We must save the patient's strength from the beginning, and not trust to medicines to cure the disease. The materia medica of fever is lessening every year.

Sir William would prefer to carry anyone through typhoid fever by wines and soups and fresh air, rather than by the use of drugs.

After the lecture the Treasurer thanked Sir William Gull for the clear, simple, and logical manner in which he had spoken of typhoid fever—so clear that the subject was intelligible even to a non-professional person like himself.

Sir William, in the course of his short reply, remarked that he owed all his position to being a Guy's man, and that therefore he would be glad to assist and help the school all he could, and further that he would be pleased to meet the students again next year.

PROF. HUMPHRY'S LECTURES ON HUMAN MYOLOGY.

Delivered at the Royal College of Surgeons, June, 1872.

LECTURE II.

MUCH difference of opinion has prevailed concerning the mode of action of the intercostal muscles. The general view is that of Dr. Hutchinson—that the external intercostals are elevators of the ribs where they slope downwards from the spine, and the internal intercostals where they slope downwards from the sternum; and that where they are respectively inclined in the opposite direction, their action is reversed. But Dr. Humphry believes that both may be regarded as muscles of inspiration throughout their entire extent. Each rib describes an arc of a larger circle than does the rib above, and the intercostal fibres slant not only obliquely from behind forwards, or from before backwards, but also obliquely from above downwards and outwards, and the effect of this inclination would be to make their contraction elevate the ribs throughout. The external intercostal behind will elevate the ribs by virtue of both the inclinations, and in front by virtue of the latter. The internal intercostal will elevate the ribs in front by the double slope, and behind by the inclination outwards only.

In the head and neck there is added a muscular stratum additional to those which we find in other parts of the human body—a subcutaneous stratum, which operates on the integuments in the neighbourhood of the organs of special sense, constituting the facial muscles and occipito-frontalis. In ourselves it is only connected with the superficial or dermal bones, but in bats and hedgehogs it comes in contact with the deeper or cartilage bones of the skeleton. An extension back from the head to the neck constitutes our platysma, probably there developed to increase the strength of the inferior angle of the neck, and to prevent undue pressure upon the deep veins during the more powerful respiratory and muscular efforts. Beneath this is a stratum which is a continuation of the external oblique stratum of the lateral muscle, represented by the sterno-

cleido-mastoid, the sternal part of which chiefly effects that free rotation of the head that is peculiar to man. This stratum is connected, through the genio-hyo-glossus, with the mandible, and continued into the tongue, which thus forms the foremost point of the middle stratum of the lateral muscle. The digastric muscle is very remarkable both in disposition and function. Dissections of the lower animals, especially of the hippopotamus, show that it is a derivative from two strata of the lateral muscle, the anterior belly from the superficial stratum lying beneath the platysma, and the posterior from the deeper stratum of which the sterno-hyoid is part, and the tendinous band between the two is a remnant of the septal layer which unites them in most of the lower animals. The purpose of the change in its direction is probably to keep the hyoid bone comparatively fixed during the work of mastication, and so to allow the sterno-hyoid and genio-hyoid, which meet there at an angle, to exercise their full effect in depressing the lower jaw. The deepest stratum was traced into the neck in the last lecture.

The limbs are interesting examples of similar morphological influences operating upon similar or homological elements of the frame, modified, nevertheless, by the future requirements of the limb. Both are developed from similar germs, nevertheless one limb is in no sense a modification of the other, nor is it certain that we have a right to say that either or both are modifications of a simple primary form. Traced backwards in development, less dissimilarity is observed, but this may be owing to our limited powers of observation, and each limb, as soon as it makes its start, may have stamped upon it potentially its future characters. Still, each is formed by similar processes from corresponding elements, and each is as similar to the other as is compatible with its future requirements. Although occupying ultimately the dorsal region, the limb-girdles are essentially ossifications of homologous elements of the ventral muscle. Each limb, as it grows out, carries with it an appendicular stratum of superjacent tissue, which becomes developed into the various layers which exist on the limbs. The muscles are thus continuous with the component parts of the lateral muscle. In some of the lower animals, especially in certain snakes, the muscular tissue radiates from the claw-like extremity in all directions, and becomes continuous with the lateral muscle of the animal. In ourselves this continuation is less obvious, but is best seen in the upper limb. The ventro-appendicular sheath of muscles is divisible into two strata; a superficial and a deep. The superficial in the upper limb converges upon the shaft of the humerus, about the middle third, and from that point its fibres radiate in all directions upon the trunk, to the pelvis, skull, vertebræ behind, and sternum in front. This superficial stratum is divisible into three main sectors; a plantar or pectoral sector, and two dorsal sectors, the inferior forming the latissimus dorsi, and the superior forming the trapezius and deltoid. The pectoral muscle is separated from the trapezio-deltoid sector by the pre-axial marginal vein, the cephalic; and from the latissimus dorsi by the post-axial marginal vein, the basilic. The two dorsal sectors are separated by passing on opposite sides of the triceps to their destination. Inferiorly the plantar and dorsal sectors are separated by the axillary interval. The sterno-cleido-mastoid, derived from the same plane, must be regarded as part of the plantar sector, which is thus carried up to the skull. In the neck it is separated from the trapezius by the external marginal vein of the neck, the external jugular. This superficial brachio-cephalic stratum acquires in its development certain connexions with the limb-girdle, especially in the antero-dorsal or trapezio-deltoid sector, in that the limb-girdle grows through the muscle as the spine of the scapula and clavicle. Where the clavicle fails to be developed, the septum of the primitive lateral muscle remains as an "inscription," a homologue of one of the superficial septa or inscriptions in the external oblique muscle of the Cryptobranch. The clavicle thus corresponds with the "epicostal" abdominal ribs found in some of the lower animals. If it were not for the fixation of the bones by the simultaneous contraction of the trapezius, the action of the deltoid on the arm would obviously be more limited and less accurate. The plantar or pectoral sector is also connected with the coracoid part of the scapula by the pectoralis major, and the inferior dorsal sector, the latissimus dorsi, is connected with that bone by the band of fibres which arises from its angle.

The corresponding ventriculo-appendicular stratum of the lower limb differs in the modifications necessitated by the fixity of the girdle to the spine and the completion of the girdle in front. The muscles acquire a more complete connexion with the pelvis than is the case with the scapula in the upper limb, and they make it their fixed point of action. Thus their expansion upon the trunk is much narrowed, but their expansion upon the limb is extended. The several sectors are not quite so obvious as in the upper limb, but they are divisible in the same manner. There is a plantar sector formed by the gracilis, the serial homologue of that part of the pectoralis which arises from the sternum. There is a dorsal sector formed by the gluteus, tensor vaginæ femoris, and sartorius, and of these the gluteus is the posterior sector corresponding to the latissimus dorsi, while the tensor vaginæ femoris and sartorius constitute the anterior sector corresponding to the deltoid. (In the lower animals the deltoid not unfrequently descends to the radius.) Regarding the crest of the ilium as corresponding to the spine of the scapula, we may view part of the external oblique as corresponding to the descending parts of the trapezius, and, further, the crural arch in which Poupart's ligament lies as corresponding with what may be called the brachial arch in which the clavicle lies. Poupart's ligament thus becomes one of the septal remnants of the lateral muscle, just as is the septum between the trapezius and deltoid, and therefore an ossification in the course of Poupart's ligament would correspond with the clavicle. This part of the external oblique which passes through or over Poupart's ligament into the fascia of the thigh corresponds with that part of the trapezius and sterno-mastoid which passes on to the clavicle and to the clavicular part of the pectoral. The preaxial marginal vein of the limb, the saphena, perforates the fascial prolongation of the external oblique very much as, in the fore limb, the cephalic vein passes between the deltoid and the pectoralis. Thus the correspondence between the ventro-appendicular stratum of the fore and hind limbs is as near as could be expected to be the case.

UNION MEDICAL OFFICERS AS OFFICERS OF HEALTH.

To the Editor of THE LANCET.

SIR,—The policy which has been put forth by the Poor-law Medical Officers' Association, in reference to the Public Health Bill, and which was happily reversed by the resolution adopted on the 28th of last month, can scarcely be held to be consistent with the interests of Poor-law medical officers.

1. Because it fails to reciprocate that generous spirit of the authors of the Bill, by which an important share of the future sanitary work of the country is entrusted to the Poor-law medical officers.

2. Because it hastily and prematurely assails the intention of the Bill with regard to "extra pay for extra services."

3. Because it disparages the integrity and honour of Poor-law medical officers, by statements which imply that they would be likely to neglect their duty from considerations of local influence.

4. Because it seeks to take away from Poor-law medical officers all that is desirable and honourable in the position assigned to them by the Bill, and to hand it over to a so-called superior class of health officers.

I am, Sir, your obedient servant,

June 24th, 1872. A MEMBER OF THE ASSOCIATION.

PHOTO-MEZZOTINT PORTRAITS.—We have recently had the opportunity of inspecting the exhibition of mezzotint portraits by Messrs. Fradelle and Marshall, of 230, Regent-street, and were much pleased with the life-like portraits of eminent men there exhibited. Among the numerous well-known medical faces, which form a not unimportant section of the gallery, we recognised faithful likenesses of Mr. Barwell, Dr. Buzzard, Dr. Chambers, Mr. Coote, Dr. Harvey, Mr. Heath, Dr. Lowe, Dr. Meadows, Dr. Murchison, Mr. Nunn, Mr. Savory, and others.

THE LANCET.

LONDON: SATURDAY, JUNE 29, 1872.

THE discussion that took place on Monday evening last in the House of Commons on the Army Estimates has cleared the air considerably as to the eventualities of the Volunteer medical force; and whether we ascribe the result to the protest of the sparsely attended "indignation" meeting held at the Grosvenor Hotel on the 20th inst., or to the emphatic observations of the medical press, or to both, or to neither, it is certain that the Secretary for War has made up his mind not to "insist" upon anything unpalatable to Volunteer surgeons as a body, or "unacceptable to the medical profession" generally. And hence we may consider the "two-penny" business at an end, although it will remain in the memory of many as a ludicrous example of departmental ignorance and incapacity. But the question of examinations deserves serious consideration at the hands of all concerned, and was somewhat too curtly though politely dealt with in the House by Colonel CHARLES LINDSAY and Lord ELCHO. Volunteer surgeons ought to acknowledge the championship of these members most gratefully, though they attempted to prove too much. It is not necessary now to discuss the question as to present Volunteer officers, for Mr. CARDWELL said on Monday night that "the rules were not retrospective." But, having regard to the future position of the Volunteer force as a defending arm of this country, and with a full knowledge that Volunteers, if they are to exist at all, are intended to rank as an auxiliary force, fit for the performance of any kind of military duty, it is not too much to require that the special as well as the executive departments shall be fully equal to the particular duties required; and it is very clear that these particular duties, though for the most part matters of routine, do not come within the province of many of our most distinguished Volunteer surgeons in the ordinary business of their professional life. Hence it is plain that, if the plan proposed by the present Government with reference to the War Department is carried out in its entirety, a different class of men (hardly to be called Volunteers) will represent the medical element in the next generation—unless, indeed, the proposed changes and restrictions be introduced gradually and discreetly. If, however, Mr. CARDWELL chooses to deny to all Volunteer surgeons the right to claim an annual capitation grant unless a specified examination is first passed, it would be but fair and proper to postpone action until the "depôt centres" are finally organised. Some kind of general instruction could then be given to Volunteer medical officers at their own country centres by an officer of high grade sent from Netley for the purpose, so that no man need suffer by any continuous absence from private practice; and, in fact, such a system would be very similar to that which has always been pursued advantageously in the combatant department. And we can hardly conceive how, under these circumstances, and having fulfilled these conditions, any officer would object to present himself for examination on special subjects connected with field or garrison service. The subjects are simple, but, nevertheless, they must be learnt; and as it is notorious that the majority of our cloth are not, as a rule, systematic, it is the more necessary that those who propose to hold commissions in the Volunteer Force should know how to practise, not only their own profession, but reciprocity of action with colleagues, combatant and non-combatant.

It is evident that the authorities at the War Office, in legislating upon this question and in laudable endeavours to separate the wheat from the chaff, have, as far as the Medical Department is concerned, gone too far, and have, as we remarked a fortnight ago, tempted its members to commit suicide by prompt resignation. But taking into consideration the present disposition of Mr. CARDWELL, and the fact that there is really chaff among the fine wheat of the Medical Department, we believe that the forthcoming deputation to the War Secretary will be fraught with pleasant and profitable results.

THE report of Dr. ARLIDGE on the abuse of tea which he had observed among the poor in his inspectorial district, and our comments upon it in a recent number, provoked a number of criticisms in the public press; and, as it was evident that the subject is but little understood, we think it worth while to sum up what is known in a few words.

To dispose first of the simplest part of the subject. We may here repeat what we said before, that tea-drinking as practised by many persons, especially by women of the poorer classes, involves the daily swallowing of two, three, or four pints of *hot water* (often exceedingly hot); and that it needs but a small acquaintance with practical medicine to know that such a custom must be itself highly prejudicial to digestion, and, if long continued, to general nutrition. In the dyspepsia from which poor women so frequently and severely suffer it is probable that this mere fact of excessive hot-water drinking has often a large part.

Tea, however, even as drunk by the poorest, is something very different from mere hot water; indeed, it is curious to observe that, in the late talk about the matter in the newspapers, only one writer, a correspondent of the *Spectator*, seemed conscious of the fact that the poor drink tea in a manner calculated to secure the maximum of its noxious influence. The definite effects sought from tea-drinking, over and above the mere comfort given by hot liquid, are produced by two ingredients of the leaf—the alkaloid "theine" and the aromatic matter. The latter is what is chiefly valued by the refined connoisseur of tea; and accordingly he (or she) makes tea by pouring perfectly boiling water on a pretty large allowance of leaf, drinking off the first infusion, and rejecting the rest. Made in this manner, tea is, no doubt, not merely a very pleasant beverage, but also a most useful restorative; but, unfortunately, so far from being cheap, it is a costly beverage, and the poor cannot afford to drink it. The plan which they adopt is that of slow *stewing*, the teapot standing for hours together upon the hob. The result of this kind of cooking is that a very high percentage of theine (and also of the astringent substances, which are ruinous to fine flavour) is extracted; and

the tea, though poor enough as regards any qualities which a refined taste would value, is decidedly a potent physiological agent. As regards the percentage of theine in tea authorities vary very much; and, especially, there are conflicting statements as to whether the cheaper sorts of tea do or do not contain a larger proportion of theine than the fine. It seems safe to state, however, that tea, as drunk in middle-class and in poor households, rarely contains less than 2½ per cent. of the alkaloid, and that where the stewing process is adopted pretty nearly the whole of this is extracted. A pound of tea contains about 104 modern teaspoonfuls (perhaps as many as 120 teaspoonfuls in the houses of the poor). On the latter calculation each teaspoonful is equal to 64 gr., which is probably less than the amount allowed for each pint of tea even in quite poor homes; we must therefore suppose that a poor woman who drinks two or four pints of tea daily (and many drink more) has consumed 128 grs. or 256 grs. of tea-leaves, or about 3½ grs. or 7 grs. of theine. But many, even among the poor, brew their tea quite double this strength, and consequently consume as much as 7 grs. or 14 grs. in drinking two or four pints of tea. These quantities, and even much smaller ones, must be pronounced decidedly noxious, looking to the known effects of theine upon the organism. If we strike a fair average between the results obtained experimentally on men and on animals by C. G. LEHMANN, J. LEHMANN, A. HUSEMANN, AMORY, and PRATT, we may certainly say that any quantity of theine exceeding 8 grs., given in a single dose, would act almost infallibly as a direct narcotic poison upon the human body, producing acute tremors, palpitation, noises in the ears, great excitement of the circulation, and cerebral excitement with restlessness. Very much smaller single doses have been known to produce these effects—as little as four grains. And it can scarcely be doubted that the continued use even of considerably smaller quantities might suffice, after a time, to seriously impair both the strength and the steadiness of the nervous system. The great appeal, however, must be to facts; and it is just in this direction that we are convinced that there ought not to be any doubt. Putting aside the by no means very rare cases of persons in whom a cup of tea taken rather later at night than usual will entirely prevent sleep, and also the really very numerous persons who cannot take green tea at all without suffering a complete upset of the nervous system, it is certain that a very uncomfortable form of dyspepsia with palpitation of the heart is an exceedingly frequent consequence of excessive indulgence in tea by the poor. No one would believe, who had not taken the trouble to make special inquiries, either the enormous quantities of tea that are drunk, or the prevalence of this dyspepsia and nervousness. The effects, however, are to be witnessed, to a large extent, among the females in every hospital out-patient department; and we have often heard from surgeons practising among the poorer classes of the manufacturing towns, that the mischief reaches an extraordinary extent in such places, especially among the poor women. The symptoms perfectly agree with what might have been predicted; they are just those which *ought* to happen from the continued action of the smaller poisonous doses of a narcotic whose paralysing force is chiefly expended upon the nervous centres of organic life. The palpitation of the heart, which is not, as has been represented, a rare, but a frequent, consequence of taking too much or too strong tea, is probably as pure and direct a case of slight paralysis of the pneumogastric nerve (the great regulator of the heart) as could be produced by any means whatever.

It is necessary that the public should understand that the above statements are by no means mere speculation, but the record of facts. Tea is no more a fit thing to drink in excess than is alcohol; though, fortunately, tea-bibbing is much less deadly than habitual alcoholism. But why should this announcement excite such an unreasonable scare among the journalists? The modest daily allowance of eight or twelve ounces of moderately strong tea, which most people find pleasant and refreshing, is no more to be considered unwholesome because four or five times that quantity is noxious, than a couple of glasses of sound port are to be reckoned hurtful because a couple of bottles taken at once will make one beastly drunk. How often must we repeat that there are no such things in the physical world as *absolute poisons*; that circumstances and doses alter cases; in short, that, as the angel told ZADIG, "*Tout est dangereux ici-bas, et tout est necessaire*"?

THERE are few things more curious to consider than the silent revolution which is being wrought in the position of many provincial surgeons by the popularity and increase of cottage hospitals. Fifty years ago, when London was only with difficulty accessible from even a moderate distance, and when Sir ASTLEY COOPER was wont to impress upon his pupils the desirableness of having some knowledge of the position of the axillary artery, operative surgery was almost confined to the metropolis, and to the few great towns which themselves bore a metropolitan relation to extensive districts. It cannot be doubted that in those days vast numbers of people perished miserably of diseases from which surgery would now relieve them; but prior to the discovery of artificial anæsthesia such deaths had not the significance which they would in our time possess. Only those who can clearly remember the condition of things which prevailed five-and-twenty years ago can form any adequate conception of the sort of horror which the very word "operation" then aroused in the mind of a patient and of a patient's friends, or of the proportion of people who accepted death rather than submit themselves to the agony of the knife. So greatly was this agony dreaded that the best endeavours of surgeons were devoted to the curtailment of its duration, and rapidity of hand came to be regarded as nearly the highest surgical excellence. No surgeon who did not operate often could be expected to accomplish his work in the shortest possible time; and hence hospital surgeons, both in London and in provincial cities, had almost a monopoly of this department of the healing art. A surgeon practising even in a considerable town in which there was no infirmary, but within twenty miles of another in which such an institution existed, was never called upon for anything but an operation of emergency. A crushed limb requiring amputation, or a case of strangulated hernia, were almost the only demands of this nature to which he

was liable. Whenever there was time, the poor patient was sent to the county hospital; the rich patient called in the aid of the hospital surgeon. The discovery of chloroform changed the face of affairs: first, because it greatly increased the number of operations to be performed; next, because it relegated to a secondary position the rapidity that only great practice could confer. Adventurous surgeons, wherever placed, were ready to urge operations upon their patients, and to undertake and perform them; and the minutes occupied were no longer counted with the impatience of impotent suffering. The county infirmaries still held their ground by reason of the better nursing supposed to be attainable within their walls; and the surgeons who were unconnected with them were often seriously embarrassed by the difficulties of dealing with their cases in badly-constructed and badly-furnished dwellings. To meet these aspects of the question Mr. NAPPER'S invention of cottage hospitals came before the profession in the very nick of time, and hardly a month now passes in which the establishment of another of these excellent institutions is not chronicled. We can imagine nothing more calculated to raise the general standard of surgical ability, and to bring within the reach of the public, even in the most remote places, skill fully adequate to the safe and successful performance of even the gravest operations. In order that cottage hospitals may do this to the fullest extent, and may accomplish all the good which may be reasonably expected of them, it is essential that they should be saved from the rock on which so many of the county infirmaries have made shipwreck—namely, the sacrifice of the general good to the formation of a monopoly supported by some small section of the community. In nearly all county infirmaries the number of surgeons is too small to allow of the profession and the public deriving the highest attainable amount of benefit from the several establishments. In many of them the selection of this small number of men rests virtually in the hands of some family circle, or some religious denomination, or some political party, and is in either case liable to be determined by considerations which ought to be utterly excluded. The practical result is, that the surgeons to a county infirmary are occasionally surpassed in skill and outstripped in practice by competitors who have not half their advantages; and that the institutions perpetuate the double wrong of closing their doors against the best men and of bolstering up inferior ones by adventitious means. Now cottage hospitals, if they fall into a similar groove, will be in danger of doing nearly as much mischief as good. They ought to afford a fair chance to every surgeon of the locality in which they are situated, by allowing everyone to send in a proper case and to attend it to the end, while they ought not to afford a monopoly to any man or men. The cottage hospital, in a word, should be the hospital of a *district*, not of two or three surgeons; and a patient coming to it from the district should be at liberty to remain, if he wished it, in the hands of his former and customary doctor. In this way, and in this way only, can they develop the surgical skill of the country generally, and win to themselves the cordial support of the general body of the profession.

WITH pretty general consent, epidemiologists have regarded the outbreak and diffusion of cholera in Russia in 1869, '70, and '71, and the spread of the disease into Europe, not as the result of a new importation of the disease into Russia, but as a recrudescence of the epidemic of 1865. The embers of the old outbreak are supposed to have smouldered on for a while in the country, and then to have rekindled into active disease during the particular three years above referred to. Mr. SIMON has, however, just submitted to the President of the Local Government Board a report, by Mr. J. NETTEN RADCLIFFE, on the recent movements of cholera in Russia and Persia, which goes to show that it is by no means improbable that in the occurrence of fresh migrations of the disease to Russia is to be found the true key to the explanation of the recent visitation in that country. We are unable here to give the facts in detail as offered by Mr. RADCLIFFE, and must content ourselves with a statement of his general conclusions. The persistence and recurring activity of cholera in Persia from 1866 to 1871, although paralleled by previous periods of long-continued prevalence of the disease, led some observers on the spot to conclude that the disease was becoming naturalised in Persia, and to hint at Persia as the source of the Russian epidemic. That Russia *might* have become infected by the transportation of cholera from Persia in 1869–71 is certain; but facts were wanting to prove it. That in Persia itself, however, the cholera which lately prevailed was not a recrudescence, but an actual importation, seems more than likely. The facts connected with the famous Hurdwur outbreak in 1867, and the march of cholera along the pilgrim routes into Afghanistan and Cabul subsequently, bear especially on this point. But it is to be observed that there is a complete parallelism to be traced between the recent behaviour of cholera in Russia and Northern Persia; and for this very reason we made the reference above to the latter country. A similar explanation seems applicable to the spread of the disease into and through the two countries. The idea of any connexion between the recent march of cholera through Russia and Persia seems at first sight to be discountenanced by the absence of any recorded extension of cholera across the Russio-Persian frontier or to the Russian coast of the Caspian in either 1868 or 1869. But the diffusion of cholera in the two countries, as it turns out, coincided in a remarkable manner with the development of a comparatively direct and more speedily traversed route of traffic between Persia and South Russia. The route of which Mr. RADCLIFFE speaks is that which crosses Trans-Caucasia from east to west, has Tiflis as its mid-point, and brings the Black Sea into direct and easy relation with the Caspian Sea and Northern Persia. This route will shortly have a perfect railway system in full working order. The result of the opening up of this line of traffic is to accelerate the speed and extent of human intercourse between India and Europe directly by way of Persia and Russia; and by this agency we are well assured cholera is freely spread. As Mr. SIMON remarks, it must be admitted as a real and not inconsiderable danger that, in proportion as movement becomes quicker from Persia and India towards the great market places and railway centres of Europe, this continent may be found to have lost one of

the best protections it has hitherto enjoyed against frequent incursions of Asiatic cholera. We trust that the report, as suggested by Mr. SIMON, will be brought under the notice of other Governments by Earl GRANVILLE, with a view of eliciting such facts as may throw light upon the truth or otherwise of Mr. RADCLIFFE'S most important suggestions, and so incite Europeans to take what measures they can to check the flow of contagious currents from Persia and India into Europe.

Medical Annotations.

"Ne quid nimis."

REGISTRATION OF BIRTHS AND DEATHS.

IT was announced by Mr. Stansfeld in the House of Commons last week that the promised Bill of the Government for amending the law relating to the Registration of Births and Deaths in England would be introduced in the Upper House on Thursday, the 20th inst.; but the promise was not redeemed, and, up to the time of our going to press this week, was yet unfulfilled. Whatever may be the reason for the delay, we do not imagine that it arises from any uncertainty as to the changes which it is contemplated to make in the existing law, for these, we have reason to believe, have been substantially determined upon. The Bill, when it emerges into the full light of parliamentary existence, may be expected to contain a provision for making the registration of births as well as of deaths compulsory, the duly qualified "informants" being required to give to the registrar, in writing, within a specified time, and under a penalty for default, notice of the occurrence of a birth or death. Then the period within which births may be gratuitously registered will be extended from six weeks to two months, and the further period within which they may be registered on payment of a fee to twelve months; after the lapse of a year no birth to be registered. Under the existing Registration Act there is no obligation on the part of medical men to certify the cause of death; it will be proposed to make it imperative on all legally qualified medical practitioners to give written statements of the causes of death of the patients whose last illness they attend, such statements to be entered in the death registers, together with the names of the certifying physicians or surgeons. This provision will simply assimilate the law in England to that which has for some years been in force under the Scotch and Irish Registration Acts. For the cases where there is no medical attendant to certify, it is intended to require *two* "informants," instead of one, to sign the register-book of deaths, the supposition being that this joint testimony will operate as a stronger check against fictitious entries in the death registers than the acceptance of an individual statement has proved to be. No provision is to be made for the registration of still-births; but infants still-born, or alleged to be still-born, are not to be buried without a warrant from a registrar of births and deaths, to be issued by him after certain prescribed forms have been gone through: this procedure has evidently been devised in the hope of putting a stop to infanticide, as well as to the practice, which is believed to prevail very considerably, of burying as still-born infants which were really born alive.

We shall, no doubt, have occasion to criticise some of the details of this Bill when it comes before us in a printed form; but for the present our readers will probably be content with this general indication of its scope.

SCHOOL-SHIPS.

THE First Lord of the Admiralty has been and will be airing his nautical proclivities during the past and succeeding weeks on board school-ships at various ports of the kingdom. Mr. Goschen is, or should be, very much at home at this sort of work, for (with the exception of the *Worcester* moored in the Thames, and the *Conway* in the Mersey, both for the accommodation of mercantile marine officers) the avowed object of these floating establishments is to remedy and reduce the pauperism of the country, a laborious duty which has for some time occupied much of the time and attention of Mr. Stansfeld's predecessor. We take leave to call attention, however, to the subject *apropos* of the sanitary aspects of homes afloat. There are now moored in various ports of the kingdom no less than sixteen training-ships for the merchant service, which accommodate unitedly about 3500 boys. Five of these vessels are moored in the Thames, and, as we are informed, the average health of the boys on all is as a rule excellent. The *Warspite* (which represents the oldest school-ship Society afloat, and sends more boys to the navy than all other institutions of a similar kind) has it is true had occasional outbreaks of epidemics, but we are enabled to state that the internal arrangements of the ship are excellent, and that the "causes" of zymotic evils must originate from without. According to our knowledge and belief, however, both the *Warspite* off Charlton, and the *Cornwall* off Purfleet, are, especially the former, moored too close in-shore for the successful fulfilment of sanitary arrangements. We have, indeed, taken school-ships as our text merely for the purpose of proving, if further proof were needed, how urgent is the necessity for the appointment of health officers in all our chief ports. School-ships would of course come under their supervision, and although, as we have several times recorded, a large hulk may be a healthy place of abode for healthy people, no other habitation can be so soon converted into a pest-house, for no other habitation requires so much sanitary supervision, whether tenanted by sick or healthy persons.

THE SEWAGE OF PARIS.

THE concession to utilise the sewage of Paris has been given to the Peat Engineering and Sewage Filtration Company of London. The conditions are that the sewage shall be disposed of daily, so as to emit no foul smell in the vicinity of the works; and that the refuse water should run into the Seine clear and free from organic matter. The Company to which the concession has been granted was formed for the purpose of carrying out the proposals of Mr. F. H. Danchell, C.E. Peat, of which there is an unlimited supply in the neighbourhood of Paris, is cut by machinery, dried, and carbonised. Mr. Danchell believes that it is quite as easy to filter sewage by means of charcoal as it is to filter common water, the difference consisting in the larger size required and in the fouler liquid to be filtered. The plan has been employed at the Stoke Workhouse, where the sewage of 650 persons (about 10,000 gallons of sewage per day) has been successfully filtered. The same Company are engaged to filter the sewage of the town of Bolton, where it remains to be seen whether the process is adapted to the requirements of a larger population. This and the concession of Paris will be watched with great interest. Hitherto it has been found impossible to construct a filter which will continue to work successfully for more than two days. At Northampton most perfect filter beds have been made. The filtration may be arranged to take place upwards, downwards, or sideways; and the currents can be readily reversed. Mr. Pidcock, the surveyor,

has tried a great variety of filters, including pure sand, gravel, charcoal, hæmatite, and other mineral substances. Any, and indeed all, of these act very perfectly for a short time; but Mr. Pidcock has never been able to keep fish alive in filtered sewage after the second day. The great difficulty consists in the large quantity of mucus contained in the fæcal matter, which obstructs the pores of the filter beds when they are sufficiently small to prevent the sewage from passing through unchanged. If Mr. Danchell has succeeded in overcoming this difficulty, he will have conferred a great boon; for it is scarcely possible to conceive a finer manure than a mixture of charcoal and sewage.

DR. PETTIGREW ON THE CIRCULATION.

DR. PETTIGREW'S seventh lecture on "The Physiology of the Circulation in Plants, in the Lower Animals, and in Man" was devoted to the fœtal circulation. The lecturer divided the fœtal circulation into two kinds—1st, the circulation within the body of the fœtus; 2nd, the circulation between the maternal and fœtal portions of the placenta. The fœtal circulation, he remarked, was carried on chiefly by visible forces—viz., the heart and blood-vessels; the placental circulation mainly by invisible forces—viz., absorption, evaporation, osmosis, capillary attraction, chemical affinity, nutrition, &c. He showed that the fœtal circulation was a closed circulation; all the vessels of the fœtus (those of the fœtal portion of the placenta included) being quite distinct from those of the parent; the fœtus in the early stages of pregnancy being nourished by the imbibition of nutritious juices, not necessarily those of blood; and in the later stages, by the more fluid portions of the blood of the mother, which, in the placenta, passes through the walls of the maternal vessels into those of the fœtus by a process of osmosis. The parent gives to the fœtus by endosmose, and takes from it by exosmose, similar remarks holding true of the fœtus. The relation between the mother and fœtus is, therefore, of the most intimate description. The lecturer gave some original views as to the structure of the placenta. He maintained that the constituents of the placenta are essentially those of the external and internal skin. He explained his meaning by stating that the most active parts of plants are the roots and leaves, these drawing nourishment from the ground and air; that animals consist of two parts—an external skin or outer surface, corresponding to the leaves of plants; and an internal skin or mucous lining, which corresponds to the roots of plants. An animal, in fact, is to be regarded as an organism, with an involuted portion corresponding to its alimentary canal. The external and internal skin are consequently continuous without and within the body, and have a community of structure. The lecturer dwelt upon this community of structure, and showed that the outer and inner skin were composed of epithelium of a basement membrane, of capillary vessels and innumerable ductless glands—the elements, in fact, of which the placenta is composed. He demonstrated that the external and internal skin presented little elevations (papillæ); that each eminence, whether of external skin or mucous lining, was covered by a layer of epithelium, had a basement membrane, a capillary tuft of bloodvessels (arteries and veins), and numerous glands. He contrasted the villous eminences of the external skin with those found on the internal skin—e.g., the villosities of the stomach, colon, uterus, &c. They were found to agree in a remarkable manner. He observed that if two such surfaces were placed in apposition, a structure closely resembling, if not identical with, the placenta would be at once produced. This view, he remarked, was favoured by development and comparative anatomy. The maternal and fœtal vessels in the cotyledon of the ox, he explained, formed pyramidal-shaped masses, which readily separated. The separation is facilitated by a thin layer of cotyledonous milk, found between the individual vessels, this inaugurating and promoting osmosis between the vessels of the parent and its offspring. The same thing substantially happens in ourselves. The maternal and fœtal villous tufts or capillary vessels interdigitate in the placental area, as the fingers of one hand may be made to pass through those of the other. This brings the ultimate radicles of the vessels of the mother and fœtus into the most accurate apposition possible, the two sets of vessels abutting against each other throughout large spaces, and being only separated from each other by the extremely thin walls of the vessels, their appropriate coverings and a thin layer of utricular substance (the secretion of the utricular glands), which the lecturer believes is absolutely necessary to an effectual exchange of nutrient and effete materials between mother and fœtus. The lecturer dissents from the commonly received opinion that the bloodvessels of the mother expand and cover those of the fœtus with a sac-like investment. He further doubts the existence of venous sinuses in the uterus as receptables for blood, neither of these being found in extra-uterine fœtation. He pointed out that if the relation between the mother and fœtus was such as it is usually described, the injury done to the uterus by the forcible removal of the placenta would be such as to jeopardise the life of the parent by hæmorrhage; whereas, according to his view, the separation would be as natural as the original union. The lecture, which was illustrated with quite a large number of diagrams and specimens, was listened to with marked attention throughout.

MEDICAL PORTRAITS.

"THE courageous men who" (according to Jeremy Bentham) "descend into the charnel-house to extract from nature those secrets which no other means will force her to reveal," have sat less often to the portrait-painter than members of any other profession. The art-world possesses three grand pictures of illustrious surgeons: Rembrandt's Demonstrator of Anatomy; Girodet's portrait of Bichat; and Sir Joshua's picture of John Hunter. To these a fourth must now be added in John Everett Millais' noble presentation of Sir James Paget. "Contemplating this piece," says Mr. Sala, in his brilliant critique of the Royal Academy's Exhibition, "we cannot fail to be reminded of the first greeting of Napoleon the Great to Goethe when the pair met at Weimar. The Emperor placed his hands on the poet's shoulders, and looked him full in the face. 'Vous êtes un homme, vous,' said the conquering thinker. Mr. Millais' picture of Sir James Paget represents, in the finest sense of the word, a man. The painter's brush has become 'languaged'—it has, in Mr. Millais' hands, a real tongue, telling, in eloquent accents, all the talent, the energy, the virtue of the wise doctor it celebrates. The worn, eager, anxious, but not haggard face—for learning exhausts but never depresses a man,—the simple, careless dress, the scarf tied with one 'tug,' the hair-chain wandering over the vest, the demonstrator's black board, with the bone roughly sketched upon it in chalk, the sinewy rugose hands—all are part and parcel of a triumphant and harmonious whole. They all blend into the true glorious type of the healer of hurts and the alleviator of pain." No artist's education is complete without some tincture of anatomy; and it is pleasant to see the portrait-painter repaying, so to speak, the benefit he has derived from the surgeon's science and challenging its criticism by such a masterly reproduction of the surgeon himself.

THE "POLICY OF SEWAGE."

CIRCUMSTANCES of daily occurrence indicate the necessity that exists for some more effective kind of sanitary legislation than we have at present; but it is only now and then that we encounter an illustration of a disregard of all sanitary requirements so disgusting and disgraceful as that to which we are about to refer. Mr. Disraeli was, in our opinion, perfectly right in saying that the time has now arrived when social and not political improvement is the object at which the people of this country should aim. And there can be no social without sanitary improvement. However much his views may be denounced as the "policy of sewage," the right honourable gentleman is quite justified in declaring that to one of the labouring multitude of England, who has found fever always to be one of the inmates of his household, it is not a "policy of sewage," but a question of life and death. Take the following case in point. We glean the facts from the report of a recent inquest in the *Rochdale Observer*. A family, consisting of ten persons, resided in two rooms, described as a cellar-dwelling, beneath a schoolhouse—the Milnrow Schoolhouse. The whole family was attacked with typhoid fever, and six of their number died. The floor of the rooms they occupied is about six feet below the level of the street. The united dimensions of these rooms, in which, be it remembered, ten persons resided, amounted to about 1900 cubic feet. Close to the house was a cesspit communicating with a weir. At the foot of this weir was a paved causeway, about three yards wide and forty yards long, and over the length and breadth of it sewer-water was allowed to spread itself. To fill up the full measure of abominations, a big flannel manufactory, in which a quantity of fousel oil was employed, would appear to have drained its refuse water into the same part. Where so many factors are in operation it is difficult to fix upon any one in particular. We are not told, but we may well suppose, that the fever-stricken family obtained its supply of water from a sewage-tainted source. Dr. Chadwick, very properly in our opinion, brought the subject of the use of fousel oil at Messrs. Schofield's manufactory before the local board. He represented that it was a nuisance to the neighbourhood and a source of injury to the health of its inhabitants. The chief constituent of the fousel oil obtained in the manufacture of potato brandy is amyl alcohol, which possesses a very disagreeable penetrating smell. But we scarcely think it necessary to attribute the outbreak of fever in question to this source. The condition in which this family of ten persons resided would, let us hope, have been rather exceptional in one of those African villages which Livingstone has been exploring; but in a civilised community such a state of things is simply disgraceful.

PROFESSOR BILLROTH AND HIS CRITICS.

WHILST the Medical Society of Lyons have unanimously adopted the report of a committee condemning chloroform, and substituting ether for anæsthetic purposes, their hands are strengthened by the unfortunate issue of a late operation by Billroth, of Vienna. The professor had made up his mind to disarticulate at the hip-joint for osteo-myelitis. The patient was much enfeebled, but had somewhat rallied before the day appointed. He was made to inhale chloroform, and, the femoral artery having been tied as a preliminary measure, the soft parts were about to be divided when the man rattled at the throat, and could not be brought to, notwithstanding the opening of the trachea instantly performed by Billroth. Now this may happen to any surgeon; but Billroth had lately brought an action against the *Allg. Wiener Med. Zeit.*, so forthwith the editor writes what may be called a cleverly-contrived, compassionate, sarcastic article, not in any way libellous, in which he passes in review all the unfortunate operations of the professor: a former death on the operator's table for hip-joint amputation, a death from chloroform during the examination of an injured finger, the tying of the lingual vein instead of the lingual *artery*, the perforation of the bladder during lithotomy, &c. &c.; remarking that a country surgeon for such mishaps would, in Austria, be liable to imprisonment, whilst great guns escaped. There is, however, so much animus in the article that right-minded men, who know the quicksands surrounding the career of an operating surgeon, will regret the attack upon Professor Billroth.

DR. QUAIN'S MOTION AT THE COLLEGE OF PHYSICIANS.

WE beg very earnestly to call the attention of all Fellows of the College of Physicians who reside in London, or within reasonable distance from it, to the important notice of motion which Dr. Quain has given for the next Comitia. It will be formally proposed by Dr. Quain that the College shall openly discuss the list of "recommendations" to the Committee of Reference, as to the working of the Conjoint Examination Scheme, to which we have already referred. It is scarcely possible to imagine a more important matter, or one in which the honour of the Fellows of the College of Physicians—a body which assumes to stand at the head of the profession—is more deeply concerned. The date of the Comitia is not yet fixed, but we shall take care to let it be known as soon as possible; and we trust that every Fellow who cares in the slightest degree for the improvement of medical education will put aside his other engagements in order to attend the meeting, and insist on the most ample discussion of what are really some of the most formidable (and, as we believe, dangerous) propositions that have ever been entertained in regard to the regulation of the profession.

QUARANTINE REGULATIONS.

A LETTER published some few days ago in one of the daily journals recites that the *Nile*, one of the steamers of the Royal Mail Company, took on board at Barbadoes several passengers from another steamship that was performing quarantine on account of small-pox, and was of course at the time cut off from all communication with the shore. The writers very naturally complain that an infectious disease should be sent among them under such circumstances, and we perfectly agree with them. But, according to our own knowledge and belief, there is no maritime law to prevent the occurrence or the repetition of such a proceeding. Trinidad and other West Indian islands have each their own Legislature, and its members may quarantine vessels for small-pox or not, as they please. Ships arriving at ports in the United Kingdom are not, under the old regulations, quarantined if small-pox exists on board; but the local authorities may exercise a discretionary power in the matter, and enforce isolation if they consider it necessary, under the provisions of the Sanitary Act of 1866. It is plain, however, that special instructions should be drawn up for the guidance of ship-captains in these matters, sufficiently definite to keep their line of action clear whether in home or foreign ports. But it would seem that any enactments of this kind must perforce wait for the Public Health Bill, inasmuch as our legislators know little as to the amount and variety of dirt and disease imported and perpetuated by the shipping, and know therefore still less as to the best way to prevent their introduction into the ports and harbours of this country.

GUSTAVE DORÉ'S NEW WORK.

MANY surgeons and physiologists have been excellent draughtsmen, some have been artists of no mean repute, and a far larger number have been excellent judges and patrons of art. Every member of the profession is, moreover, a physiognomist; and, as an anatomist, the surgeon has an eye for form. We may confidently recommend our readers to inspect and study Doré's new picture of "Christ leaving the Prætorium." It strikes us as really grand and powerful in conception, as well as masterly in execution. There is great variety of character, and equally great diversity of form, figure, and physiognomy, in the Marys, Roman soldiers, and assembled rabble. The central figure is that of Christ. The Saviour's expression is one of serenity and sweetness, in marked contrast with that of those around him. M. Doré has adhered closely to tradition in his delineation of Christ; and the traditional likeness, which brings out so strongly a sweetness which is feminine in type, lacks, to our mind, that combination of calmness, majesty, and benevolence which we are wont to conceive as the Saviour's expression.

THE NORTHAMPTON LUNATIC ASYLUM.

WE have received a circular from the Northampton Lunatic Asylum, setting forth that the Committee of Management have decided to receive a much larger number of patients than heretofore at reduced terms (from fifteen shillings a week upwards), in order to meet, in some degree, the urgent want pointed out by the Commissioners in Lunacy in 1864, of asylums in which patients who, though poor, are not reduced to pauperism, may be received at small sums. From the lack of such institutions, numbers of persons of the class indicated are constantly being sent to pauper asylums, thus imposing an unfair burden upon the ratepayers. The Commissioners add: "To the patients themselves, also, it is no less a hardship and injustice; and painful cases are constantly coming under our observation in which persons of education and social position, clergymen, barristers, medical men, and others, who, from reduced circumstances, are unable to meet the lowest charge at which admission can be obtained into licensed houses, are, as a last resource, driven to associate with paupers." The Coppice Asylum at Nottingham, and a few others, have done all that their accommodation allows in order to receive such cases; but every additional asylum for reduced persons is a distinct boon to a very numerous class, whose sad condition may well excite the warmest sympathy.

SANITARY STATE OF HUDDERSFIELD.

DR. BUCHANAN'S report on the sanitary condition of Huddersfield is attracting a good deal of local attention. In the autumn of last year the usual public water-supply fell very short, and the inhabitants had recourse to a well called Bradley's spout, which is by no means of a satisfactory purity. The middens, which are very numerous, are emptied only at intervals of from three to six months. The sewers communicate very freely with the houses. Dr. Buchanan remarks on the good effects of small receptacles for, and frequent removals of, excrement in the township of Dalton, where "Goux's" system is in operation—as in every case where typhoid could not be traced to contaminated water, there was either some great accumulation of decomposing excrement or a free ingress of sewer air. The fever specially prevailed in cellar-dwellings in which the sink was found untrapped. No regulations for sub-let houses are in force, overcrowding prevails, and contagious diseases spread with great rapidity. There is no hospital for infectious diseases, and only four beds in the workhouse. Dr. Buchanan protests against back-to-back houses, and says that so important a town ought to have the services of an officer of health. There is but one inspector for 70,000 inhabitants, living on an area of 11,000 acres. A disinfecting apparatus and a mortuary are also required. It appears that these recommendations are under the consideration of the Sanitary Committee of the Council, and it is to be hoped that they will receive the attention they deserve.

ARMY MEDICAL SERVICE.

MEMBERS of the Army Medical Service will derive but little comfort from the few remarks that Mr. Cardwell recently made in the House of Commons in answer to a question by Major Arbuthnot. The Minister for War said that there had, no doubt, been a large addition made to the number of medical officers during the Crimean war, which "threatened" to produce a retardation of promotion. Assistant-surgeons of fourteen or fifteen years' service will wonder what the state of the service must be when this retardation, now only threatened it appears, has reached that state in which the threat has been realised. Mr. Cardwell will possibly consider that promotion is only retarded when men retire by senility in the lowest grade of the service. We are told that the subject is under consideration, however, with a view to seeing what can be done to remedy this state of things. It seems probable that it will still be under consideration when the present yields office to another Government.

THE BIRMINGHAM SEWAGE BILL.

THE rejection by the House of Commons of the most important practical sanitary proposal of the day reflects no credit either on the intelligence or independence of the House. Birmingham has been long placed in great difficulty. The sewage outlet is a disgusting nuisance and dangerous to a densely populated neighbourhood. Injunctions are in force and damages in prospect. The corporation was really anxious to do its duty. Two successive committees reported after long and patient investigation. A most able report was in the end adopted, recommending a sort of compromise, and, with its objectionable features removed, the scheme, after a long and searching inquiry, was passed unanimously by a Committee of the House of Commons. But, forsooth, Sir Robert Peel was required to give some acres of his land, and Sir C. Adderley has a pet scheme for bringing the sewage on to his own estate. So a violent opposition is got up, and the land is to be spoiled and polluted by the sewage of towns. The landlords are to be compelled to sell whether they will or not, and the whole stupidity of the class is enlisted in obstructing what Mr. Muntz very properly described as a great national question. Birmingham has expended all its time and money in vain; and by this vote the House of Commons has been reduced to the level of a St. Pancras Vestry.

A NEW DENTAL JOURNAL.

FOR some years the dental profession in this country has enjoyed but one journal devoted to the subjects in which it is especially interested, but during the past month a fresh candidate for support has appeared in the *Monthly Review of Dental Surgery*. The editor has enlisted the services of several men of standing in both the medical and dental professions for his opening number; thus we have a paper on the Developmental Origin of the V-shaped Maxilla, by Mr. Charles Tomes; a lecture on the effects of Climate and Constitution on the Teeth, by Mr. S. Hamilton Cartwright; a lecture on Dental Mechanics, by Mr. Hepburn; an ab-

stract of a clinical lecture on Necrosis of the Upper Jaw, by Professor Wood; followed by papers on the Effects of Syphilis on the Mouth and Teeth by Mr. Barkeley Hill, on the Surgery of the Mouth by Mr. F. Mason, and on Dentition and its Disorders by Dr. C. Kelly. Some reports of meetings (including that of the Odontological Society for the month), news, and reviews, make up the remainder of the number, which is, we think, highly creditable to its editor. We should imagine that the dental profession can well support two monthly journals, and hope that the rival periodicals will work in harmony together.

MEDICAL JURISPRUDENCE IN GLASGOW UNIVERSITY.

THERE is likely to be a contest for the chair of Medical Jurisprudence rendered vacant by the resignation of Professor Rainy. Dr. Arthur Gamgee, F.R.S., lecturer on Physiology in the Surgeons' Hall, Edinburgh, examiner on Medical Jurisprudence in the University of London, &c.; Dr. Pierce Adolphus Simpson, M.A., lecturer on Medical Jurisprudence in Anderson's University, Glasgow; Dr. St. Clair Gray, at present assistant to Professor Rainy; and Dr. Adams, have intimated their intention to become candidates. The appointment rests with the Crown.

We congratulate the University on such a list of candidates. The reputation of Professor Rainy, the interest of the University, and the great importance of the subject, make it imperative that all other considerations than that of fitness be disregarded. It would be affectation not to remark on the peculiar claims of Dr. Arthur Gamgee, whose varied accomplishments as a physiologist, a chemist, a physician, and even as a surgeon, peculiarly fit him for this chair. Six years' experience as assistant to the Edinburgh Professor of Medical Jurisprudence, his recent election as examiner in this subject for the University of London, and as Fellow of the Royal Society, the original and brilliant nature of his contributions to chemistry and physiology, and his known clearness and grace as a teacher, all indicate that he would sustain and even add to the lustre of the University. His election would give satisfaction to scientific men abroad as well as at home.

A NEW REMEDY FOR OBSTRUCTION OF THE BOWELS.

WE read in the *Western Lancet*, a monthly medical journal published at San Francisco, a somewhat curious history. A man confined in the State prison at San Rafael was attacked by obstruction of the bowels, followed in due course by stercoraceous vomiting, and was left by Dr. Taliaferro, the surgeon, in a state considered hopeless. After the doctor's departure, however, William Lebur, the steward of the prison hospital, took the case in hand, and devised a plan of treatment not only original and ingenious, but which had the additional merit of being successful. He first injected into the rectum a solution of carbonate of soda, then a solution of tartaric acid, and made firm pressure over the anus with a sponge, so as to retain the gas liberated during the effervescence. His injection was repeated three times, and he used four ounces of carbonate of soda, two drachms of tartaric acid, and three pints of water, for the three injections. The distress occasioned by the rapid distension of the large intestine seems to have been considerable, but the obstruction yielded, and copious evacuations were obtained. The patient seemed in a fair way to recover, when inflammation of one of the parotid glands set in, followed by extensive suppuration, and he died exhausted a fortnight after the injection. Dr. Taliaferro, who reports the case, seems to think that Lebur's injection, "in less explosive doses," might often do good service in such cases. He has found in "Wood's Practice of Medicine" mention of a case successfully treated in the same manner.

MEDICAL THERMOMETRY.

THE use of the thermometer for clinical purposes has now become so extended that any assistance in recording the results of observations will be welcome to the profession. We are happy, therefore, to call attention to the republication of an excellent form of clinical chart, devised by Dr. Franklin Gould, which has been in use for some years at King's College Hospital. The chart gives room for the morning and evening record of temperature for three weeks; it gives the Fahrenheit and Centigrade scales; and, in addition, affords space for the corresponding record of the pulse and respiration and for the condition of the bowels and urine. The charts (which are published by Messrs. Wodderspoon, of Serle-street, at a very reasonable rate) are fitted into a simple but neat case, by which they can be suspended at the head of a patient's bed.

THE INTERNATIONAL OPHTHALMOLOGICAL CONGRESS.

WE wish to call the attention of all readers who are interested in ophthalmic surgery to the meeting of the General Committee for making arrangements for the approaching International Ophthalmological Congress. The Committee will meet at the house of the Royal Medical and Chirurgical Society, 53, Berners-street, on Tuesday next, at 5 P.M.; and all questions relating to the Congress will then be settled. A summons has been sent to every gentleman who has intimated his wish to join the General Committee; and we are authorised to state that all who received the original circular relating to the Congress will be eligible to attend.

MEDICAL QUALIFICATION IN TRINIDAD.

THE petition of the Medical Board in Trinidad addressed to the College of Physicians is creditable to the Board and to the practitioners of the island. But we see great reason to doubt whether, in the present state of the foreign degree question, it should be complied with. It is very unfortunate that the disparagement which has befallen some foreign degrees should extend to others which are entitled only to respect. But the remedy should be sought in the thorough rectification of the system by which diplomas and degrees are granted in all countries. We are attempting this at home, and it is not unreasonable that we should ask to see similar attempts in other countries, especially in the United States, where there is much greater need for them than there is here. It may be said that the Medical Board of Trinidad petitions for an examination through sealed papers in order to the granting of an English qualification. But it is very doubtful whether a satisfactory medical examination can be secured by the system of sealed papers.

DISFIGUREMENT FROM SMALL-POX.

IT is lamentable to notice the growing frequency with which we meet persons in the street disfigured for life with the pitting of small-pox. Young men, and, still worse, young women, are to be seen daily whose comeliness of appearance is quite compromised by this dreadful disease. This fact may, perhaps, serve as an argument with people who think more of their appearance than of their lives, and induce them to submit to the easy and almost perfect security of revaccination. In barbarous and unvaccinated countries it is the nearly invariable rule for the natives to be marked with small-pox; and, strange to say, some who

would like to be considered philosophers in this country are anxious to see a reversion to barbarism amongst ourselves in this matter. Fortunately, of late years it has been the exception to see people marked with small-pox. Even now it is chiefly the poorer classes that are so marked, who do not realise the need for revaccination, or who are prejudiced against it. It is a reflection on the intelligence of any tolerably young adult to be marked with small-pox. There will be a distinct liability to the disease and its disfigurements for some time to come, and all who have comely faces should take precautions to keep them so.

THE DENTAL DIPLOMA.

AN examination for the licence in Dental Surgery of the Royal College of Surgeons of England has been held during the past week, and is remarkable for being the first occasion on which a written test has been introduced into the examination. On Friday, the 21st inst., the candidates had placed before them two papers, one on general Anatomy and Surgery, and one on Dental Anatomy and Surgery; and on Tuesday, the 25th, a *vivâ voce* examination was held by the members of the Dental Board, consisting of Messrs. Partridge, Hilton, Busk, Cartwright, Ibbetson, and Salter. We are happy to hear that all the candidates were successful on the present occasion, and that the written papers were of considerable merit. The dental diploma carries with it, by a recent regulation of the Council, the right of admission to the library and museum and to the lectures of the College of Surgeons.

BIOLOGICAL SECRETARYSHIP OF THE ROYAL SOCIETY.

WE learn that Dr. Sharpey, who has for so many years filled the post of Biological Secretary to the Royal Society, has recently sent in his resignation of that appointment. The loss to the Society will be very great, for few men possess the extensive knowledge, solid judgment, and kindly disposition which have enabled this distinguished physiologist to conduct his responsible and sometimes delicate duties so much to the credit of the Society and to the satisfaction of the many whose papers have been accepted, and the probably still larger number whose communications have been declined. It is said there is a hope that Professor Huxley may allow himself to be nominated as his successor.

THE MEDICAL STAFF OF GLASGOW.

THE suggestions of the Health Committee have been adopted by the Glasgow Police Board, including the following additions recommended by a Special Committee appointed to consider the minute of the Health Committee: (1) that the medical officer to be appointed should devote his whole time to the duties of the office; (2) that the services of Dr. Gairdner should be retained as consulting medical officer at a salary of £100 per annum. We can well understand that the Police Board feel the responsibility of parting with Dr. Gairdner as an adviser.

GERMAN EMIGRANT SHIPS.

WE cannot congratulate Prince Bismark and his colleagues on the way in which their emigration service is conducted. We took occasion in THE LANCET of the 15th instant, to comment upon the great mortality that had occurred on board the Bremen vessels between that port and New York. It appears that our Transatlantic neighbours thought the occurrence a fit subject for an official inquiry, at which it was elicited that "they had no doctor in the vessel, that the captain and mate prescribed for the sick, that the captain had a medicine-book, and that the mate had attended a course of medical lectures at Bremen." The American jury very naturally recommended "that all vessels carrying passengers be provided with a physician;" and it is to be hoped that the proper authorities have transmitted the very common-sense record to the mercantile marine authorities of the German Empire.

THE CHOLERA.

IT would appear that the advices received by the Board of Trade (and quoted in THE LANCET of last week) to the effect that Russian ports are free from cholera, is premature, inasmuch as Italy, Greece, and other continental governments continue to impose quarantine on all vessels arriving at these ports from Odessa, where the presence of the disease is announced by the Russian journals. It had also broken out with great violence at Kiew. To the 12th of June the number of cases of cholera had been 1317; of deaths from it, 532. On the 14th inst. there were 543 cases under treatment. We cannot but think that our marine department might, by means of our Consuls abroad, obtain and transmit more speedy and more regular intelligence as to the rise and progress of epidemic diseases.

DEARTH OF WATER IN BERMONDSEY.

THE fact that a densely populated part of the metropolis should, in the full tide of summer, be exposed to a failure in its water-supply, is of sufficiently grave importance to raise anew the whole question of the expediency of the metropolis taking into its own hands the powers now possessed by the London Water Companies. A statement in reference to the scarcity of water in Bermondsey, promised by the President of the Board of Trade, will be made too late for us to notice this week; and as it is always right to hear both sides of a case before pronouncing judgment upon it, we defer until next week what we have to say about the matter.

PROCEEDINGS OF THE COLLEGE OF PHYSICIANS.

A SMALL but useful reform has been introduced at the College of Physicians. It has been decided that an abstract of the proceedings of each meeting of the College shall be suspended in the hall of the building, and thus an officially correct record of all the business which is transacted at the Comitia will be accessible to the Fellows and Members, and to the medical press.

ST. ANDREWS MEDICAL GRADUATES' ASSOCIATION.

THE annual session and dinner will be held at Willis's Rooms on Saturday, July 6th, when the president, Inspector-General Gordon, C.B., will deliver an address on the Work of the Army Surgeon.

The change from winter to summer for the session will, it is hoped, induce many country members of the Association to attend the meeting.

LADY MEDICAL STUDENTS AT ZURICH.

A ZURICH newspaper publishes a letter which shows that of about 400 students at the University there are 80 ladies in attendance, a large proportion of whom are pursuing the study of medicine. Many of these ladies are of Russian birth, and have sought in the republican seat of learning the education which they are at present unable conveniently to obtain at home. The Zurich professors are said to be extremely puzzled as to the best course to adopt in view of the fact that the male and female students do

not take kindly to each other; for, as might be expected, the existing regulations do not provide for an exigency the possibility of which could hardly have occurred to the mind of any one at the period of the founding of the University in 1832.

AT last we may expect a good dictionary of medico-scientific terms. The New Sydenham Society has purchased the copyright of Dr. Mayne's well-known work, which, with all its faults, will form a sound basis for the dictionary in question. A small staff of editors will be appointed to undertake the task of revision and supplement; while the profession at large is invited to co-operate in furnishing suggestions, emendations, or additions towards the completion of the work.

THE report of the Select Committee on Habitual Drunkards has been issued this week. The principal recommendation of the committee is as follows:—That sanitaria or reformatories should be provided for those who, "notwithstanding the plainest considerations of health, interest, and duty, are given over to intemperance, so as to render them unable to control themselves, and incapable of managing their own affairs, or such as to render them in any way dangerous to themselves or others."

ON Thursday were issued, as Parliamentary papers, Dr. Hubert Airy's reports on Diphtheria and Fever in Tynemouth Union; Dr. Thorne Thorne's on the Prevalence of Infectious Diseases in Nottingham, and on the Sanitary Condition of that Town; Dr. Home's on Enteric Fever at Chittlehampton, North Devon; and Mr. Netten Radcliffe's (noticed elsewhere) on the recent Diffusion of Cholera in Europe.

THE University of Durham, at the meeting of Convocation on June 25th, elected Dr. Philipson, of Newcastle-upon-Tyne, as the representative of medicine, and Dr. Heath, of Newcastle-upon-Tyne, as the representative of surgery, on the Committee of Reference under the proposed scheme for a Conjoint Examination for England.

THE heat has been so intense of late in the North-west provinces of India that it was impossible for a European to leave his house after 9 o'clock in the morning, while the birds took refuge in the houses. Anglo-Indians are eagerly looking forward to the monsoon.

ON Wednesday, the 26th inst., Dr. Arthur Farre, F.R.S., delivered the Harveian Oration, at the Royal College of Physicians, before a numerous audience. The oration, which was of more than average merit, we shall take another opportunity of considering.

THE triennial festival of the Tower Hamlets Dispensary was held on Wednesday evening at the London Tavern. This institution was founded in 1792, and since that time has done a vast amount of good in a quiet, unostentatious manner.

THE mortality in London and twenty other large towns during the week ending June 22nd was at the rate of 22 deaths annually to every 1000 of the estimated population. The births and deaths were below the average for the corresponding period of the last ten years.

THERE is no accuracy in the statement that the Marquis of Lorne has suffered from low fever. He had a severe sore-throat, from which he has wellnigh recovered.

SIR JOHN FORBES CLARK has retired from the contest for the representation of Aberdeen city.

THE members of the Medico-Psychological Association intend to hold their annual meeting on Wednesday, July 31st, at Edinburgh. Sir James Coxe, M.D., is announced to preside.

THE latest accounts from India report that, while cholera is abating, small-pox and dengue fever are very prevalent.

Correspondence.

"Audi alteram partem."

THE PUBLIC HEALTH BILL.

To the Editor of THE LANCET.

SIR,—Although you do not wish to rediscuss questions concerning the administrative machinery of the Public Health Bill on which great difference of opinion exists, I believe you will allow me to say a few words in defence of some points in my recent paper.

I do not see that the formation of county boards need create any division of sanitary authority, which on our plan would be prevented by the direct representation of boards of guardians and local authorities in those county boards. There would be no more conflict between the local and the county authorities than there is between the district boards and the Board of Works of the metropolis. County boards would be the courts of appeal and of ultimate action in the administration of medical relief, as well as in the registration and prevention of disease; and the authorities in the first instance on all questions would be the district councils. If such an arrangement could in any sense be termed a "division of authority," any objection thereto would apply equally to Mr. Stansfeld's joint boards, which would probably be formed on much the same principle as the county boards.

Again, even if county boards are not at once instituted, county medical officers of health might be appointed by the magistrates in quarter sessions; and whatever may be the opinion of metropolitan doctors upon this question, there is no doubt that the profession in the provinces is not in favour of the multiplication of Government inspectors; nor is it possible that these could, unless their number were made equal to the proposed staff of county officers, prove as efficient in local management as the latter.

Those who fairly represent an overwhelming majority of provincial medical men—constituting five-sixths of the whole body of English practitioners—think it, to say the least, ungenerous in their metropolitan brethren to aid the Government in forcing a measure, which hardly touches the metropolis, upon country towns and districts, against the general remonstrance of those immediately concerned.

What may be the nature of the efforts to "check" our action which your correspondent, "M.D. London, &c.," contemplates he does not say. We may be thankful that, as yet, there is no central authority strong enough to put down, or even check, the general expression of medical opinion in this country. He is also mistaken in supposing that the opposition to Mr. Stansfeld's machinery arises solely from the British Medical Association. Many practitioners not belonging to that society hold the same views on this point. The Social Science Association also, of which the medical element is in a small minority, makes the same decided objections to this measure.

I am aware that the last action of the Poor-law Medical Officers' Association was to recommend its members to undertake the duties of officers of health, *sole in their respective districts*. But I am assured, on good authority, that there were only *nine* members of that association present at the meeting at which the resolution referred to was passed, in opposition to previous declarations in full general meetings, as well as in numerous provincial gatherings. Of the nine present on May 28th, four, including the worthy president, opposed the resolution. The friends of the Government scheme had better not boast of *such* support.

Your correspondent does not give any reasons for his belief that the Bill is "a remarkably able attempt at first legislation." Is he not aware that it is not, in any sense,

an attempt at *first* legislation? Is it not merely an attempt to patch up old and inoperative laws by employing the same defective local machinery as they constituted? He is incorrect in suggesting that we object to this measure because it is not perfect. We ask only that the next step, however elementary, may be *safe*. We as little expect "perfection," and probably are as much guided by commonsense in this respect, as "M.D. Lond." himself. But we show how the Bill may be amended, so as to avoid the defects of previous legislation, without enacting, as this measure would enact, fresh and perhaps insurmountable obstacles to a more complete organisation in future. And we ask our brethren in the metropolis not to employ that influence which their nearer proximity to the centre of administration may give them, to establish more firmly local obstructions to sound sanitary progress. We desire only a fair statement of facts and fair reasoning therefrom, and we do not fear the result.—I am, Sir, &c.,

Cheltenham, June 12, 1872. H. W. RUMSEY.

*** Dr. Rumsey is particularly unfortunate in selecting the metropolis as an illustration of the unity which would exist between county boards and boards of guardians. The Metropolitan Board of Works, although elected by the vestries, has nothing in common with them; indeed, they are in frequent opposition. The officers of the local authorities are not in any way subject to the Board of Works, and the vestries would most strenuously resist any attempt to make the Board of Works an authority to whom appeal would lie. Far from county boards acting in concert with boards of guardians, the whole of Dr. Rumsey's argument goes to show that the former would be useful chiefly in controlling them, or, in other words, in making the latter act when they were unwilling to do so. Such a state of things would be most objectionable. As to county boards acting as courts of appeal in respect to medical relief, the thing is simply impossible. The medical officers are the servants of the guardians, their appointments are made under the sanction of the Local Government Board, and half their salaries are paid from the Consolidated Fund. This arrangement could not be altered without disturbing a number of existing Acts of Parliament; and even if Dr. Rumsey's proposal were carried out, there is no guarantee that the county board would improve the pay and status of the Poor-law medical officers. Certainly, the appointment of a highly paid expert to relieve them of some of their most important duties would not be the way to do so. We must protest against the idea that we are representing the interests or views of the metropolitans, many of whom hold views in opposition to our own. We have endeavoured to consider the general interests of the profession and the public, and although Mr. Stansfeld's Bill is not by any means all we could desire, we believe that it constitutes an advance in the right direction, and we sincerely hope that it will not be delayed or postponed for the introduction of county boards.—ED. L.

THE TANNER MEMORIAL FUND.

To the Editor of THE LANCET.

SIR,—Dr. Percy Boulton, treasurer to the fund raised for the purpose of establishing a memorial to the late Dr. Thomas Hawkes Tanner, has requested me to announce to the subscribers that the amount collected has been forwarded to the Council of King's College, and the interest (£10) per annum will form an annual prize in the class of Obstetric Medicine, which will be called the "Tanner Prize."

The Council and Medical Board of King's College have each much pleasure in thus establishing a prize which will perpetuate the memory of a distinguished student in the college in which he was educated.

I remain, yours most faithfully,

ROBERT BENTLEY,

June 25th, 1872. Dean, Medical Faculty, King's College, London.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examination, received their diplomas in Dental Surgery at a meeting of the Board of Examiners on Tuesday last:—

Baylis, Leighton, Cheltenham.
Coles, James Oakley, Wimpole-street.
Harding, William Edward, Stafford.
Hutchinson, Samuel John, Manchester.
Poundall, William Lloyd, Derby.

The dental examination at the College is now divided into two parts, the first day being devoted to written papers, and the last day to *viva-voce* and practical examination.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 20th inst.:—

Cartwright, John Peploe, Oswestry.
Dove, Henry, Norwich.
Laver, Arthur Henry, Raleigh, Essex.
Paradise, Thomas Decimus, Stamford, Lincolnshire.
Pridmore, Campbell William, Abbey-street, Bermondsey.

As Assistants in Compounding and Dispensing Medicines:—

Jones, Owen, Long-acre.
Badcock, Daniel, Barnard Castle.

On the same day the following gentlemen passed their First Professional Examination:—

Reginald Henry Foster, Guy's Hospital; Samuel J. J. Kirby, Middlesex Hospital; Alfred Charles Perrin, St. Thomas's Hospital.

QUEEN'S UNIVERSITY IN IRELAND.—The following degrees were conferred by the Vice-Chancellor on the 19th of June:—

DOCTOR IN MEDICINE.—John George Adamson, Archibald Adams, James B. Bailey, Robert Evans Burges, Richard Davis, John G. Collis, Henry A. Fogerty, James Graham, John Hegarty, Wm. Hickman, H. Maturin Johnston, Francis B. Kane, John R. Leech, Samuel M'Cutcheon, Denis Peter Macdonald, Peter J. M'Quaid, Henry Madders, J. A. Malcomson, Timothy Moloney, W. E. Bonsall Moynan, Bartholomew O'Brien, Patrick O'Connell, Bernard O'Connor, Simeon Holgate Owen, Thos. Patterson, Richard Read, James Ring, J. Nashville Ryan, J. M. J. Scott, Thomas Francis Sparrow, William F. Spencer, William Thompson, Hugh Charles Wilson.

MASTER IN SURGERY.—Archibald Adams, John George Adamson, Moses Black, Robert Evans Burges, Richard Davis, William Fleming, Henry A. Fogerty, James Graham, John Hegarty, William Hickman, Francis B. Kane, John Leech, Peter J. M'Quaid, Timothy Moloney, Bartholomew O'Brien, Patrick O'Connell, Thomas Patterson, Richard Read, J. Ring, J. Scott, Wm. F. Spencer.

UNIVERSITY OF DUBLIN.—The following degrees were lately conferred:—

BACHELOR OF MEDICINE.—James Henry Allen, Robert Archer, Charles B. Ball, John Charlres, Thos. P. Fleetwood, John C. Fullerton, George Goode, Alfred Grandison, Wm. L. Gubbins, James Charles Hamilton, Wm. F. Hingston, Elias Wm. Kerr, Wm. Lewis Mackey, Chas. Marsden, Frederick M'Loughlin, Chas. Alex. M'Munn, Matthew Denis Moriarty, Thomas P. O'Meara, Frederick Pope, William Josiah Smyly, Thomas P. Tuckey, Arthur Law Wade.

MASTER IN SURGERY.—Robert Archer, Charles B. Ball, Wm. F. Hingston, Frederick M'Loughlin.

DR. PORTER SMITH, of Shepton Mallet, has been elected an Honorary Fellow of King's College, London.

A GENTLEMAN writes to us making an offer to give £50 to "the party who can find out a cure for hydrophobia."

OBSTETRICAL SOCIETY OF LONDON.—At the next meeting of the Society, on Wednesday next, Dr. Aveling will read a paper on "Post-mortem Parturition"; after which other subjects will be introduced, amongst them that of "Irregular Uterine Contractions," which will be brought forward by Professor Trenholme, of Montreal.

INSURANCE MEDICAL FEES.—In regard to the question of insurance fees we may state that the Crown Life Assurance Company pays a fee of one guinea in each case, irrespective of amount. Last year the medical fees paid were £743 14s., exclusive of the salaries paid to the company's London medical officers. From the forty-seventh annual meeting, held on the 14th instant, we further learn that a dividend of 32*s.* per share was declared; and it was reported that of 778 policies for the sum of £389, 445 had been issued during the present year, yielding £12,537 of annual premiums; that the net funds were £1,205,414; the insurances in force, £4,762,106; the annual increase, £188,633; that the total claims paid now amounted to £2,269,000.

Medical Appointments.

ALLPORT, C. H., M.D., F.R.C.S.E., has been appointed Surgeon to the Asylum of the Governesses' Institution at Chislehurst.

BARNS, E. C., L.R.C.P.L., M.R.C.S.E., has been appointed House-Surgeon to St. George's Hospital.

BEACH, F., M.R.C.S.E., has been appointed Medical Registrar to the Hospital for Sick Children, Great Ormond-street.

BECK, J. T., M.R.C.S.E., L.S.A., has been reappointed Medical Officer for District No. 6 of the Chesterton Union, Cambridgeshire, at an increased salary.

CHILCOTE, H. N., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the reconstituted St. Marychurch District of the Newton Abbot Union.

FLOYER, Mr. B. B., has been appointed Assistant House-Surgeon to the General Infirmary, Sheffield, vice Pearce, resigned.

GARSON, W., M.R.C.S.E., late Resident Accoucheur, has been appointed House-Surgeon at St. Thomas's Hospital.

GROGONO, W. A., M.R.C.S.E., has been elected Medical Officer for the West Ham No. 2 District of the West Ham Union, Essex, vice J. C. Foley, M.D., L.R.C.S.Ed., resigned.

HAMILTON, D. J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Junior House-Surgeon to the Northern Hospital, Liverpool, vice Vasey, promoted.

LAVER, A. H., M.R.C.S.E., has been appointed House-Physician to St. Thomas's Hospital.

PORTER, J., M.R.C.S.E., has been appointed Medical Officer for the Blackpool District of the Fylde Union, Lancashire, vice J. Cocker, F.R.C.P.Ed., M.R.C.S.E., deceased.

RAYNER, H., M.D., Medical Superintendent of the Male side of the Middlesex Lunatic Asylum, Hanwell, has been appointed Lecturer on Psychological Medicine at the Middlesex Hospital Medical College.

RICHARDS, J. P., M.R.C.S.E., has been appointed Medical Superintendent of the Female Department of the Hanwell Lunatic Asylum, vice Dr. J. Murray Lindsay, appointed Superintendent of the Derby County Asylum.

SARGEANT, F., L.R.C.P.L., M.R.C.S.E., has been appointed House-Surgeon to St. Thomas's Hospital.

SHORE, R. L., M.R.C.S.E., has been appointed second Assistant Medical Officer to the Essex Lunatic Asylum, Brentwood.

SLATER, J. S., M.R.C.S.E., late House-Physician, has been appointed Resident Accoucheur at St. Thomas's Hospital.

STEWART, W., L.R.C.P.Ed., L.R.C.S.Ed., has been elected one of the Honorary Surgeons to the Beckett Dispensary and Hospital, Barnsley.

VASEY, C. L., L.R.C.P.L., M.R.C.S.E., L.D.S., has been appointed House-Surgeon to the Northern Hospital, Liverpool, vice W. M. Campbell, M.B., C.M., resigned.

VERNON, B. J., F.R.C.S.E., has been appointed Ophthalmic Surgeon to the Great Northern Hospital, vice E. C. Hulme, F.R.C.S.E., resigned.

WATERS, A. T. H., M.D., F.R.C.P.L., has been appointed Lecturer on the Principles and Practice of Medicine at the Liverpool School of Medicine.

Births, Marriages, and Deaths.

BIRTHS.

BARNES.—On the 25th inst., at Hammersmith, the wife of E. C. Barnes, M.R.C.S.E., of a daughter.

BOWEN.—On the 18th inst., at Birkenhead, the wife of Essex Bowen, M.D., of a son.

CROSSBY.—On the 23rd inst., at Park-square, Leeds, the wife of Dr. Crossby, of a son.

HAYDEN.—On the 19th inst., at Frogmoor House, High Wycombe, the wife of W. G. Hayden, L.R.C.P.L., of a daughter.

HOPKINS.—On the 24th inst., at Shoreditch, the wife of A. Boyd Hopkins, M.R.C.S.E., of a daughter.

JEPHCOTT.—On the 25th inst., at Foregate-street, Chester, the wife of Samuel Thomas Jephcott, M.D., M.R.C.S.E., L.S.A., of a son.

WYKES.—On the 19th inst., at Pallodur House, Shaftesbury, Dorset, the wife of Edwin Wykes, M.R.C.S.E., of a daughter.

MARRIAGES.

NOAD—DIXON.—On the 20th inst., at All Saints, Kensington-park, Henry Carden Noad, L.R.C.P.L., M.R.C.S.E., of Lower Norwood, only son of Dr. Henry M. Noad, F.R.S., of Bayswater, to Caroline White, youngest daughter of Edward Dixon, Surgeon-Major H.M.'s Madras 2nd Light Cavalry.—No Cards.

TINLEY—FALKINGBRIDGE.—On the 20th inst., at Bridlington Quay, Thomas Tinley, L.R.C.P.Ed., to Dorothy Mary, only daughter of Wm. Falkingbridge, Architect, both of Whitby.

DEATHS.

ANTROBUS.—On the 1st inst., D. Antrobus, M.R.C.S.E., of Talke-o'-th'-Hill, Staffordshire, aged 58.

BOWEN.—On the 19th inst., at Birkenhead, Cecilia, the wife of Essex Bowen, M.D., aged 31.

BOYLE.—On the 21st inst., at Hutton-Rudby, near Yarm, Yorkshire, Edith Jean, daughter of A. Allison Boyle, L.R.C.P.Ed., L.R.C.S.Ed., aged 1 year and 8 months.

CARLESS.—On the 17th inst., at Long Melford, Suffolk, William Carless, M.B., C.M., eldest son of Dr. Carless, of Stratford Lodge, Stroud, aged 29.

COOPER.—On the 23rd inst., at Leek, Staffordshire, Richard Cooper, L.K.Q.C.P.I., L.M., M.R.C.S.E., aged 68.

ELLIOTT.—On the 20th inst., at North-street, Chichester, Robert Elliott, F.R.C.S.E., L.S.A., F.S.A., for more than thirty years surgeon to the Chichester Infirmary, aged 69.

KEMP.—On the 19th ult., at Secunderabad, R. D. Kemp, M.B., C.M., Assist.-Surgeon 16th Lancers.

TRUSTRAM.—On the 25th inst., at Tunbridge Wells, suddenly, Chas. Trustram, M.R.C.S.E., in his 64th year.

Notes, Short Comments, and Answers to Correspondents.

THE RATE OF GROWTH OF NAILS AS A MEANS OF DIAGNOSIS.

AS our readers are aware, Dr. Wilks some time ago, in an interesting communication to the columns of THE LANCET, directed attention to certain alterations and arrests of growth of the nails taking place under attacks of serious illness. The *Philadelphia Medical Times* contains a short paper by Dr. S. Weir Mitchell on the same subject as a means of diagnosing certain forms of paralysis. Dr. Mitchell pointed out last year the remarkable fact that any sudden cerebral palsy arrested the growth of the nails on the palsied side. Since then he has been studying the subject with care, and makes public certain facts in advance of a paper in which he intends treating more fully of the nutrition of paralysed limbs. The growth of the nails is usually retarded more or less in all palsied limbs, whether the palsying cause be spinal, cerebral, or belonging to a nerve trunk. In cerebral palsies, whether from clot or embolus, there is an entire cessation of nail-growth on the palsied side. Usually when they begin to grow again it is a sign that the power of movement will also improve within a few days. The rate of growth slowly increases; but it generally requires four or five months for such nails to produce an entire length from matrix to free edge. Dr. Mitchell considers that he has made one very practical observation—viz., that in all sudden cerebral palsies the nails cease to grow. In all hysterical palsies of one limb or both, whether paraplegic or hemiplegic, the rate of nail-growth is unaltered. He gives some cases in illustration of the truth and value of this observation as affording an important addition to our means of discriminating between palsies of functional and of organic origin.

Mack, (Middlesbro'.)—There are ten or twelve medical men at Middlesbro', and among them three or four hospital surgeons. We cannot indicate anyone by name; but our correspondent will have no difficulty in finding able professional men in either of the places mentioned by him.

An Intending Candidate.—The next preliminary examination will be in December. A syllabus can be obtained from the Secretary of the Royal College of Surgeons, Lincoln's-inn-fields, and former papers of Messrs. Hodgson and Son, 1, Gough-square, Fleet-street.

THE letter of *Mr. J. Massey Harding* shall be inserted next week.

FOREIGN GRADUATES AND THE MEDICAL DIRECTORY.

To the Editor of THE LANCET.

SIR,—Lest your readers should be misled by the attack made upon us by your correspondent, "Fair Play," we beg leave to state that we are not responsible for the insertion or non-insertion of foreign degrees in the Medical Directory.

Your correspondent ought to have been aware that any remarks he had to make should have been directed against the Editors.

We may take this opportunity of stating that, *apropos* of the omission of foreign degrees, the course pursued has not only been commended by the medical press, but has given satisfaction to the profession generally, the present year's edition (an unusually large one) having entirely sold out some weeks since.—We are, Sir, your obedient servants,

THE PUBLISHERS OF THE MEDICAL DIRECTORY.

New Burlington-street, June 24th, 1872.

Ozena.—Our correspondent must be aware that the affection arises from various causes, and that it is connected with many different conditions. He will find a description of the nasal douche and method of applying it in most of the standard works on Surgery; for example, in the fourth volume of Holmes's System of Surgery.

Mr. J. Sutherland.—The charges do not seem to us excessive. The wisdom of compounding with the Company turns much on the question of their liability, and of this our correspondent must be a better judge than we can be.

Dr. Mercer.—The matter is not worth noticing again.

R. W. C., (Strand.)—We are aware that the oil in question is used for the purposes alluded to by our correspondent. It is difficult to procure it in England. He might apply to Messrs. Savory and Moore, New Bond-street.

E. Siang.—Consult the College of Physicians.

MEDICAL ETHICS.

To the Editor of THE LANCET.

SIR,—Upon looking through your impression of to-day, I find a letter imputing a want of professional civility and blame to me, in that my assistant visited when sent for, and subsequently attended, a patient of Mr. Campbell Macaulay; and as this gentleman has asked me to justify such conduct, I regret to have to say that I can only do so by referring him to his own precisely the same treatment of me, under similar circumstances, upon the very few occasions, comparatively, when my temporary absence only has given him the opportunity.

Yours obediently,

Cannock, June 22nd, 1872. MOSES TAYLOR.

Intros.—According to accepted English custom, the title of "Fellow" can only be conferred by a Society incorporated by Royal Charter. Of course the members of a private whist club might call themselves "Fellows" if it so pleased them. They would violate no law, and would incur no penalty. But they would make themselves supremely ridiculous if they used the title publicly—just as they would if they called themselves Generals or Queen's Counsel.

Mr. Wasdale Watson (Newport) is thanked for his communication.

LUNACY IN BELGIUM.

THIS prosperous little state, over which King Leopold reigns, must look to its high reputation for the treatment of lunatics. Some little time ago we commented on the asylum abuses near Brussels, which led to the fining and imprisonment of the superintendent and his subordinates. Now we have another revelation of a mal-practice and its reward. A lunatic girl, it seems, having escaped from an asylum at Brussels, presents herself to the Procureur du Roi, and asks him whether he has received letters of hers complaining of the treatment she was getting. No letters had arrived, and it was pretended at the asylum that the girl had never written any. In consequence of this the Procureur has ordered every lunatic asylum to be provided with safety shut letter-boxes, accessible to all patients, from which his own subordinates are every week to collect the communications addressed to him.

Enquirer.—We agree with our correspondent as to the points of usage and good taste, which should really decide such questions; but we are not sure that any law would be violated by the course which he is requested to take.

C. E. A.—Apply to the Office in question, and consult the indexes of THE LANCET of some years back.

THE OBSTETRICAL SOCIETY OF LONDON.

To the Editor of THE LANCET.

SIR,—I have read your remarks in THE LANCET of the 15th instant on the scheme of the above Society for the examination of midwives by examining boards in the large provincial towns, and also the letter from Dr. Hicks in your issue of to-day; and as the subject was brought before the members of the Medical Institution in this town by myself, together with a resolution approving of the scheme, and advocating its adoption here, I trust you will allow me to give my reasons for doing so.

Though much has been done to advance the obstetrical department of our profession, it still occupies an unfairly inferior position as contrasted with the sister departments of medicine and surgery. The lecturers on these two latter subjects have no difficulty whatever in illustrating practically almost all they teach. The adjoining hospital or infirmary receives in its wards during the six months' winter course specimens of most of the diseases lectured on—opportunities still further enhanced by the offices of clinical clerk and dresser, which any diligent student may obtain, and by the extended period during which hospital practice must be attended. For patients afflicted with medical or surgical complaints noble hospitals have been and are still being built; house-surgeons and physicians are provided, with, in the case of most provincial hospitals, a liberal salary; dispensaries are also largely provided throughout the country, with in many cases salaried house-surgeons to visit patients at their own homes; while as for the nursing department, what a change has come within the last few years: the old hags we remember as students, with a salary of from £8 to £15, and tastes and capabilities in a proportionate ratio, are replaced by well-trained and educated women, whose remuneration reaches £25 or even £30. We have some choice specimens of midwives in this town. In one case the box professing to contain the body of a new-born infant was taken to the parish mortuary, and there opened and found to contain the bodies of two infants. An inquest was held and a post-mortem examination made, which showed that *both infants had been born alive*. A midwife whose name and address were found to correspond with that in the certificate denied having given it, but a fortnight after the inquest acknowledged that it was hers.

I cannot but regard, therefore, this scheme of the Obstetrical Society as a movement in the right direction. It is only proposed to give those women who may satisfy the examiners a certificate that they are competent to attend natural labours, and to require that they are women of good moral character, of a reasonable age, able to read and write, and acquainted with so much of obstetrical knowledge and possessed of sufficient practical experience to enable them to distinguish a natural labour from one that requires medical assistance.

And the lecturer on obstetrics, what a painful contrast is his position to that of his brother lecturers. Two months is considered sufficient time for him to impart all the necessary instruction on this most important subject; while as for practical instruction, except at some metropolitan schools, it may be said to be simply *nil*. Many like myself have in past years gone to the Birmingham Lying-in Hospital as resident surgeon; but this has long been swept away, as also the resident accoucheur of the General Dispensary in that town, and midwives reign in their stead, and yet it is at Birmingham that the Obstetrical Society's scheme is opposed. Surely this is, to say the least, paradoxical.

I firmly believe, Sir, that lying-in charities, established to provide the poor with skilled obstetric nurses and qualified medical attendance at childbirth, and especially to supply these to those for whom at present there is no provision save the workhouse—I mean single women who are unhappily about to become mothers,—the number of deaths of women from childbirth would be more and more diminished; while the number of infants whose lives would be saved is, from what I have seen of midwives' practice, quite beyond calculation. As a step towards this I hail the scheme of the Obstetrical Society.

Yours faithfully,

Liverpool, June 22nd, 1872. FRED. W. LOWNDES.

*** Mr. Lowndes has fully established what we presume most people would have been ready to concede to him—namely, that the existing race of midwives are not what they ought to be, in point either of education or of superiority to temptations to lend themselves to concealment of birth. But he does not touch the question whether the evils complained of could be removed by the action of the Obstetrical Society—an action the objections to which are summed up in the single word "amateur," which we have already used to describe it. Amateur action involves an absence of responsibility; and the Obstetrical Society, before undertaking to control the education and qualifications of midwives, should obtain a Royal Charter with special reference to this desired vocation. It would be an incidental advantage that the Charter would remove the impropriety which attaches to the present unauthorised assumption of the title of "Fellow."—ED. L.

VACCINATION DURING PREGNANCY.

As the result of the observation of 48 cases of revaccination of pregnant women, Dr. E. W. Jameson, resident physician to the Philadelphia Hospital, confirms the experience of other practitioners as to the safety of the operation under such circumstances.

A Candidate.—We are unable to state when there will be another competitive examination for the British Army medical service. If our correspondent is averse to losing time, and has not set his affections on one service in particular, there are others for which a competitive examination will be held—the Indian and Naval medical services for instance.

M.D., (Glasgow.)—Nicholson's Text-book of Zoology (published by Blackwood and Sons) and Roscoe's Lessons in Elementary Chemistry (published by Macmillan) will, we think, prove very suitable works.

Dr. Macpherson.—One of the papers will probably appear next week.

Mr. C. Marchant Jones naturally points out the agreement between what we said last week on the subject of leprosy as investigated by Dr. Gavin Milroy and the following remarks of his own in his Amoy Native Hospital Reports for 1869 and 1870:—

"Leprosy is a very common disease in this part of China, and many persons afflicted with it come to this hospital for relief. We think that in some cases we have been able to arrest, at least for a time, the progress of the disease; but, as a rule, the patients are not contented with this, and go back again to the native doctors, who are more profuse in their promises of cure than we can be. They give them prescriptions, and enforce some superstitious observances, and continue this course as long as the poor sufferer has cash to spend. Indeed most of them only come to us when their pockets are empty, and then the disease has usually become unmanageable.

"Our treatment of the various forms of leprosy consists in regulation of diet, the enforcement of cleanly habits, and the use of a variety of drugs, &c. Arsenic, strychnine, quinine, iron, and some others have been given with marked benefit. The actual cautery to the spine has also been tried, and with good results. Many recent cases have been most markedly improved by treatment similar to that generally given in secondary syphilitic affections. Leprosy is said to have become much more common in Amoy during the last fifteen years. One of the reasons assigned by the Chinese doctors for this increase is, that the foreign Hongs, built in front of the foreshore of the town, obstruct the sea breezes, rendering the air of the streets less pure—or, perhaps we had better say, fouler—than before."

Mr. George J. B. Stevens.—Opportunity for becoming a trained nurse may be found by applying to the Lady Superintendent of either University College, King's College, Charing-cross, Middlesex, or probably other hospitals.

Dr. Cassell's communication shall be kept in mind.

Inquirer, (Cheltenham.)—We regret to differ from our correspondent; but the symptoms detailed by him would rather indicate the nerve-trunk outside the cranium as the seat of lesion.

Mr. James Hadaway.—The fee has generally been allowed by County Court Judges. Lately it has been disallowed in one case.

Earnest will find most of the information required by him in the Students' Number of THE LANCET. He had better take the opinion of some medical friend on a few points. It is late to begin the study of medicine.

Mr. D. Carter (Brighton) has omitted to forward the description of the invention to which he alludes.

Justitia et Veritas.—We consider our correspondent entitled to use the initials M.D. representing the degree he mentions.

A Constant Subscriber.—Yes.

WE regret that from want of space we have been compelled to postpone the insertion of several obituary notices. If possible they shall appear next week.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Humphry, Cambridge; Mr. Cooper Forster; Mr. Streatfeild; Dr. Rumsey, Cheltenham; Dr. Playfair; Dr. Sedgwick; Mr. Evans; Mr. Crowther; Dr. Hall, Burton-on-Trent; Mr. Jenkins; Dr. Molyneux, Brookland; Dr. Pettigrew, Edinburgh; Dr. Porter Smith; Dr. Russell, Port of Bonny; Mr. Verity; Dr. Ward; Mr. Lowndes, Liverpool; Mr. Owen; Mr. Johnson; Dr. Pitman; Lady Bourchier, Hampton Court; Mr. Fordyce, Bath; Mr. Macartney; Mr. Watson, Newport; Mr. Lockhart; Mr. Brannon; Mr. J. P. Richards, Hanwell; Dr. Mercer, Beverley; Mr. Rogers; Mr. Anderson; Mr. Carter, Brighton; Mr. Jones, Plymouth; Dr. Cassell, Glasgow; Dr. Chadwick; Mr. Hunt; Mr. Thomas, Welshpool; Mr. Lloyd, Wharton; Mr. Tolkien, Farnworth; Mr. Kemp; Mr. Colman, Prescot; Mr. Alexander, Stone; Mr. Olding; Rev. Hugh Croskery, Jamaica; Mr. Hood; Mr. Thornton; Dr. Ball, Spalding; Mr. Adams, Dalston; Mr. Hoyle; Mr. Payne; Dr. Cory, Buckhurst Hill; Mr. Walters, Burnley; Mr. Massy; Mr. Ansell, Ventnor; Dr. Davies, Ebbw Vale; Mr. Phillips, Bromley; Dr. Stewart, Beverley; Messrs. Sampson Low and Co.; Dr. Long, Dalston; Dr. Crossley, Leeds; Dr. Lee, Washington, U.S.; Dr. Tinley, Stirling; Mr. Connor, Dublin; Dr. Jephcott, Chester; Dr. Carless, Stroud; Mr. Hamilton; Dr. Renshaw, Charlestown, U.S.; Dr. Bentley; Dr. Aveling; Mr. Allan, Abergavenny; Dr. Bentley; Mr. Hadaway; Mr. Wykes, Shaftesbury; Dr. Boyle, Yarm; Mr. Harrison, Grimsby; Mr. Bromfield; Mr. S. Smith; Mr. Sumpter, Norwich; Mr. Garland, Salford; Mr. Burtenshaw, Colchester; Mr. Taylor, Cannock; Enquirer; The Publishers of the Medical Directory; M.D.; A Registered Practitioner; R. P; A Member of the Association; B. D.; The President of the Royal Institute of British Architects; &c. &c.

Brighton Gazette, Canada Lancet, Allgemeine Wiener Zeitung, Supplement to the Lancaster Gazette, Cumberland Advertiser, Bolton Guardian, La Independencia Medica, Huddersfield Chronicle, La France Médicale, Edinburgh Courant, Brierly Hill Advertiser, New York Times, Evesham Journal, and *Manchester Guardian* have been received.

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